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ABSTRACT

The Senate Select Committee on Indian Affairs met in Anchorage, Alaska, to hear testimony on a bill (S. 1298) to coordinate and expand services for the prevention, identification, and treatment of alcohol and drug abuse among Indian youth. Testimony stressed the extent of alcohol, drug, and other substance abuse among Native youth in rural Alaska. Other topics were the need for coordination between the Bureau of Indian Affairs and the Indian Health Service, these agencies' lack of involvement in substance abuse prevention and treatment programs, and the role of Native health corporations in substance abuse services. Representatives of the Alaska Native community providing testimony included spokespersons for the Alaska Native Health Board, Alaska Federation of Natives, Copper River Native Association, Aleutian/Pribilof Islands Association, Yukon-Kushokwim Health Corporation, Kashunamuit School, and Tanana Chiefs Council. Statements by Alaska' Senator Murkowski and Governor Sheffield are included. (JHZ)

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S. HRG. 99-365

INDIAN JUVENILE ALCOHOL AND DRUG ABUSE PREVENTION

ED266925

HEARING

BEFORE THE

SELECT COMMITTEE ON INDIAN AFFAIRS UNITED STATES SENATE

NINETY-NINTH CONGRESS

FIRST SESSION

ON

S. 1298

TO COORDINATE AND EXPAND SERVICES FOR THE PREVENTION, IDENTIFICATION, AND TREATMENT OF ALCOHOL AND DRUG ABUSE AMONG INDIAN YOUTH, AND FOR OTHER PURPOSES

OCTOBER 25, 1985
ANCHORAGE, AK

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INDIAN JUVENILE ALCOHOL AND DRUG ABUSE PREVENTION

FRIDAY, OCTOBER 25, 1985

U.S. SENATE,
SELECT COMMITTEE ON INDIAN AFFAIRS,
Anchorage, AK.

The committee met, pursuant to notice, at 9:40 a.m., in court room No. 1, Federal Building, Anchorage, AK, Ms. Mary Jane Wrenn (special counsel, Senate Select Committee on Indian Affairs) presiding.

Staff present: Ms. Mary Jane Wrenn, special counsel, Mr. John Moseman, legislative director to Senator Frank Murkowski, and Ms. Sheila Rogan, legislative assistant to Senator Frank Murkowski.

Ms. WRENN. The Select Committee on Indian Affairs staff hearing will now come to order.

Good morning, ladies and gentlemen. We are here today to receive testimony on S. 1298, a bill to coordinate and expand services for the prevention, identification, and treatment of alcohol and drug abuse among Indian youth, and for other purposes. Unfortunately, Senator Murkowski, who was to chair today's hearing for the Senate Select Committee, is unable to be with us due to action on the Senate floor. Senator Murkowski has sent a videotape of his opening remarks, and we will show the tape this morning.

My name is Mary Jane Wrenn. I am special counsel to the Select Committee on Indian Affairs. Today's hearing will be a staff hearing on S. 1298. All testimony, both written and oral, will be made part of today's record and be made available to all members of the committee. Those of you who have written statements may wish to summarize your statement. You may be assured that your full written statement will be made part of today's record.

I do ask that when you come up to the witness table, you write your full names and mailing addresses on the paper that is at the table so that, if we have questions, we can contact you after the hearing.

[Copy of S. 1298 follows:]

(1)

II

99TH CONGRESS
1ST SESSION

S. 1298

To coordinate and expand services for the prevention, identification, and treatment of alcohol and drug abuse among Indian youth, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 13 (legislative day, JUNE 3), 1985

Mr. ANDREWS (for himself, Mr. MELCHER, Mr. ABDNOR, Mr. MURKOWSKI, Mr. PRESSLER, Mr. GOLDWATER, Mr. DECONCINI, Mr. EAST, Mr. BURDICK, Mr. BINGAMAN, Mr. COCHRAN, Mr. HELMS, and Mr. STEVENS) introduced the following bill; which was read twice and referred to the Select Committee on Indian Affairs

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A BILL

To coordinate and expand services for the prevention, identification, and treatment of alcohol and drug abuse among Indian youth, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Indian Juvenile Alcohol and Drug Abuse Prevention Act".

TITLE I—INTERDEPARTMENTAL AGREEMENT

SEC. 101. (a) The Secretary of the Interior and the Secretary of Health and Human Services are directed to enter into a written agreement to—

(1) coordinate the Bureau of Indian Affairs and Indian Health Service alcohol and drug abuse programs existing on the date of enactment of this Act and programs established by this Act;

(2) identify Federal, State, local, and private resources to combat alcohol and drug abuse among Indians;

(3) delineate the responsibilities of the Bureau of Indian Affairs and the Indian Health Service to coordinate alcohol and drug abuse-related services at the central, area, agency, and service unit levels;

(4) determine the scope of the Indian juvenile alcohol and drug abuse problem and its estimated financial and human costs;

(5) authorize the Bureau of Indian Affairs agency superintendents and education superintendents and the Indian Health Service service unit directors to enter into agreements described in section 102; and

(6) provide for biennial review of such agreement by the Secretary of the Interior and the Secretary of Health and Human Services.

(b)(1) The Secretary of the Interior and the Secretary of Health and Human Services shall consult with, and solicit the comments of, interested Indian tribes, Indian individuals,

and Indian organizations in developing the agreement under subsection (a).

(2) The agreement under subsection (a) shall be submitted to Congress and published in the Federal Register within 180 days of the date of enactment of this Act.

SEC. 102. (a) After publication in the Federal Register of the agreement entered into under section 101, any Indian tribe may submit a written request to the Secretary of the Interior to coordinate resources and services related to alcohol and drug abuse prevention, identification, education, treatment, and follow-up care.

(b) Within 90 days of receipt of a written request of any Indian tribe submitted under subsection (a), the Secretary of the Interior, in consultation with the Secretary of Health and Human Services, shall—

(1) enter into an agreement with such tribe to identify and coordinate the responsibilities and referral resources of all agencies and programs providing alcohol and drug abuse-related resources or services within the service area of such tribe; and

(2) review and modify such agreement, as necessary, to reflect changes in the availability of resources and services related to alcohol and drug abuse prevention, identification, education, treatment, and follow-up care.

TITLE II—EDUCATION

SEC. 201. (a) The Secretary of the Interior shall require Bureau of Indian Affairs schools, and schools operated under any contract entered into under the Indian Self-Determination and Education Assistance Act (Public Law 93-638), to provide a program of instruction regarding alcohol and drug abuse to students in kindergarten and grades one through twelve.

(b) The program required under subsection (a) shall be developed in consultation with the Indian tribe that is to be served by such program and with appropriate education and health personnel at the local level.

(c) Schools providing programs of instruction under subsection (a) are encouraged to emphasize family participation in such instruction.

SEC. 202. The Secretary of the Interior shall, within 9 months of the date of enactment of this Act, publish an alcohol and drug abuse newsletter in cooperation with the Department of Health and Human Services and the Department of Education which shall report on Indian alcohol and drug abuse projects and programs. The newsletter shall be published once in each calender quarter and shall be circulated without charge to schools, tribal offices, Bureau of Indian Affairs agency and area offices, Indian Health Service area and service unit offices, Indian Health Service alcohol pro-

grams, and other entities providing alcohol and drug abuse-related services or resources to Indian people.

TITLE III—FAMILY AND SOCIAL SERVICES

SEC. 301. (a) Any initial training program for new community health representatives and community health aids funded under the authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, shall include not less than two weeks of training on the problems of alcohol and drug abuse and shall include instruction in crisis intervention, family relations in the context of alcohol and drug abuse, juvenile alcohol and drug abuse, and the causes and effects of fetal alcohol syndrome.

(b)(1) The Secretary of Health and Human Services shall, either directly or through contract, make available training on the problems of alcohol and drug abuse, including instruction in crisis intervention and family relations in the context of alcohol and drug abuse, juvenile alcohol and drug abuse, and the causes and effects of fetal alcohol syndrome to—

(A) education personnel of the Bureau of Indian Affairs, including education personnel at schools operated under contract with the Bureau of Indian Affairs,

(B) personnel of the Bureau of Indian Affairs,

(C) personnel of the Indian Health Service, and

(D) supervisors of emergency shelters established under section 401(b),

who are responsible for, or work with, Indian juveniles.

(2) Upon request, the Secretary of Health and Human Services shall offer the training described in paragraph (1) to—

(A) members of school boards or designated school personnel who—

(i) govern, or are associated with, any school at least 20 percent of the enrollment of which consists of Indians, and

(ii) are responsible for, or work with, Indian juveniles;

(B) urban Indian center personnel who are responsible for, or work with, Indian juveniles;

(C) judges of tribal courts and courts of Indian offenses;

(D) personnel associated with any tribal, State, or Federal Court who are responsible for, or works with, Indian juveniles;

(E) Bureau of Indian Affairs law enforcement personnel; and

(F) members of local community and tribal organizations or educational or health institutions responsible for, or working with, Indian juveniles.

(3) The Secretary of Health and Human Services shall provide the training described in paragraph (1)—

(A) in local Indian communities, whenever practicable,

(B) at no or minimal expense to the participants or to the employers of the participants, and

(C) within an integrated program for all participants.

(4) The Secretary of Health and Human Services shall coordinate the training described in paragraph (1) with activities conducted by the Secretary of the Interior.

TITLE IV—LAW ENFORCEMENT

SEC. 401. (a) The Secretary of the Interior, consultation with the Attorney General of the United States, shall—

(1) promulgate guidelines under which any tribal or Federal law enforcement officer may, for the benefit of any Indian juvenile arrested for an offense related to the abuse of alcohol or drugs or the safety of the community, place such Indian juvenile in a facility other than an emergency shelter described in subsection (b) or a community-based alcohol or drug abuse treatment facility, and

(2) make these guidelines available to any State which exercises criminal jurisdiction over any part of Indian country pursuant to—

(A) section 1162 of title 18, United States Code,

(B) section 7 of the Act of August 15, 1953 (67 Stat. 590; chapter 505), or

(C) section 401 of Public Law 90-284 (25 U.S.C. 1321).

(b)(1) The Secretary of the Interior, with the concurrence of the Secretary of Health and Human Services, shall establish temporary emergency shelters to house, whenever appropriate, Indian juveniles apprehended by any law enforcement officer for offenses related to the abuse of alcohol or drugs.

(2) No emergency shelter established pursuant to paragraph (1) shall commence operation until—

(A) the tribal council of any tribe to be served by such shelter approves such shelter; and

(B) such shelter meets the licensing requirements prescribed by the Bureau of Indian Affairs under paragraph (3).

(3) The Bureau of Indian Affairs shall, within 210 days of the date of enactment of this Act, prescribe standards by which the emergency shelters established pursuant to paragraph (1) shall become licensed. Such standards shall require that any individual supervising such shelter have completed the training described in section 301(b)(1) of this Act.

(4) The costs of constructing any emergency shelter are not authorized by this Act.

TITLE V—JUVENILE ALCOHOL AND DRUG ABUSE TREATMENT AND REHABILITATION

SEC. 501. (a) The President shall include in the budget submitted to Congress under section 1105 of title 31, United States Code, for the fiscal year succeeding the fiscal year in which this Act is enacted, a request for funds to establish a program that provides comprehensive alcohol and drug abuse treatment services, including detoxification and counseling services, and follow-up care in Indian Health Service facilities and in health facilities operated under any contract entered into under the Indian Self-Determination and Education Assistance Act to Indian juveniles in need of such services.

(b) No health facility described in subsection (a) shall be required under this section to provide inpatient services if such facility is primarily an outpatient facility.

(c) By no later than the date that is 18 months after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to the relevant committees of the Congress a report on the progress of the program established under subsection (a).

SEC. 502. The Secretary of Health and Human Services, in consultation with Indian tribes, shall, within 180 days

of the date of enactment of this Act, complete a study to determine—

(1) the size of the juvenile Indian population in need of residential alcohol and drug abuse treatment;

(2) the location of residential facilities at which such treatment is available or could be made available; and

(3) the cost of providing such treatment.

SEC. 503. (a)(1) The Secretary of Health and Human Services shall, in consultation with Indian tribes and the Secretary of the Interior, identify and utilize whenever possible existing—

(A) facilities owned by the Federal Government or by an Indian tribe, or

(B) local community or private hospitals or other appropriate facilities,

that would be suitable for use as residential alcohol and drug abuse treatment centers for Indian juveniles in order to meet the needs identified in the study conducted under section 502.

(2) Any facility described in paragraph (1) may be used under such terms and conditions as may be agreed upon by the Secretary of Health and Human Services and the agency having responsibility for the facility.

(3) The Secretary of Health and Human Services may, directly or by contract, renovate any facility described in

paragraph (1). Any such renovation shall conform with such terms and conditions as have been agreed upon under paragraph (2).

(b) The Secretary of the Interior shall identify for the Secretary of Health and Human Services any existing Bureau of Indian Affairs facilities which could be utilized for residential alcohol and drug abuse treatment centers for Indian juveniles.

(c) If the number of facilities which may be renovated under subsection (a)(3) is inadequate to meet the treatment needs identified in the study conducted under section 502, the Secretary of Health and Human Services shall seek specific authority to construct such facilities as the Secretary of Health and Human Services finds necessary to meet such treatment needs.

TITLE VI—DEFINITIONS, EFFECTIVE DATE, AND AUTHORIZATION OF APPROPRIATIONS

SEC. 601. For the purposes of this Act—

(1) The term "Indian" means any person who is a member of an Indian tribe.

(2) The term "Indian tribe" means any Indian tribe, band, nation, or other organized group or community of Indians, including any Alaskan Native village or regional or village corporation as defined in or established pursuant to the Alaska Claims Settlement

Act (43 U.S.C. 1601, et seq.) which is recognized as eligible for special programs and services provided by the United States to Indians because of their status as Indians.

(3) The term "juvenile" means any Indian under the age of 19.

(4) The term "service unit" means an administrative entity within the Indian Health Service serving one or more Indian tribes within a geographical area defined by regulation by the Indian Health Service.

(5) The term "service area" means the geographical area served by a service unit.

SEC. 602. The Secretary of the Interior and the Secretary of Health and Human Resources are authorized to prescribe such regulations as may be necessary to carry out the provisions of this Act.

SEC. 603. There are authorized to be appropriated such sums as may be necessary to carry out the provisions of this Act.

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Ms. WRENN. With us this morning is John Moseman, legislative director to Senator Frank Murkowski, and Sheila Rogan, legislative aide to Senator Murkowski.

I believe John Moseman has some comments that he wishes to make this morning.

Mr. MOSEMAN. Thank you, Jane.

As many of you know, this hearing on Native drug and alcohol abuse prevention has been a high priority of Senator Murkowski. Janie Leask suggested that the Senator hold a hearing on this important legislation in conjunction with the Alaska Federation of Natives convention this week in Anchorage, particularly since the Native elders and youth are also meeting this week to discuss ways of dealing with substance abuse within the Native community. Under normal circumstances in the Senate, the Senator would have been able to be here this morning; but as some of you may know, things are not necessarily normal in the Senate this week. I learned from our office this morning that there were votes late last night in the Senate; there will be votes all day today in the Senate, and it is likely that there may even be votes tomorrow in the Senate. So given all that, the Senator felt it was still important to go ahead with this hearing and to develop a full record on this important piece of legislation. He regrets, obviously, that he can't be here in person today but he has prepared a video recording of his opening statement, and I think it would be appropriate to turn to that now.

Senator MURKOWSKI [from videotape]. I am very pleased to be with you all, although I must admit I had anticipated being with you personally. But late Thursday afternoon we're having a good deal of debate on a number of amendments before us which may involve as many as 20 to 30 votes yet tonight, which would make it impossible for me to get to Seattle and on up to Anchorage for the hearing. However, John Moseman, my legislative director, will be conducting the hearing along with Sheila Rogan and other members of the select committee staff.

So, my apologies, but I did want to bring you a greeting.

Today the Select Committee on Indian Affairs will receive testimony on S. 1298, which is a bill to coordinate and expand services for the prevention, identification, and treatment of alcohol and drug abuse among Indian and Alaska Native youth. I am holding this hearing in Alaska because I believe it is important to hear first hand from those most directly affected by this legislation about the problems it seeks to address, and also the specific provisions of the bill.

The drug and alcohol problems of Indian and Alaska Native youth have been at epidemic levels for some time; we're all aware of that. The manifestations of this abuse can be seen in increased domestic violence, high dropout rates, suicide, accidental deaths, child abuse, and other things.

As indicated in the charts in front of me, the latest Indian Health Service statistics indicate that Indian mortality related to alcoholism is 5.6 times higher than the national average. Suicide rates for Indian youths between the ages of 15 and 24 are 2.3 times that of the national average. An article that appeared in the March 1985 edition of Way Up North Health Planning News re-

vealed the seriousness of substance abuse in northern Alaska communities. The article reported that accidents were the single most frequent cause of death in northern Alaska, amounting to 25.4 percent of all deaths over the 5-year period of 1979–83. Unfortunately, a large majority of these deaths were alcohol-related.

The article further pointed out that of the people who die each year, over 30 percent are victims of violence—accidents, homicide, or suicide. Many of these deaths could have been avoided with improvements in substance abuse treatment and prevention programs, and that's why we are here today.

It appears that juvenile alcohol and drug abuse has not been a high priority with either the Bureau of Indian Affairs or the Indian Health Service. Unfortunately, there are few education or treatment programs targeted at addressing this serious problem. From testimony I've taken in Washington, DC, from Max Felix, the State Coordinator for the Office of Alcoholism and Drug Abuse, I learned that the Alaska Area Indian Health Service office allocates less than 1 percent of its resources for alcohol and drug abuse prevention programs.

Well, this is just not acceptable to me. As revealed in a hearing I held earlier this year to determine the scope and impact of drug trafficking and abuse in our State, substance abuse in the entire State seems to be increasing, not decreasing. The problem is obviously not going away, and my colleagues on the select committee believe it is time for Congress to step in and help provide some programs to combat it.

This bill is not the final solution to the problems of alcohol and drug abuse, but it is an important step in the right direction.

I have requested the witnesses to focus their oral testimony on drug abuse. That in no way suggests that I wish to minimize the severe effects of alcohol abuse; rather, because of the hearing I previously mentioned, I believe it is important to increase the public's awareness that drug abuse is the most severe problem we have in Alaska. It is my hope that I will receive comprehensive written testimony on alcohol prevention and treatment services.

I look forward to hearing the ideas and concerns of our witnesses today, and I look forward to incorporating these and improving the bill that is before us. I look forward to your views and hearing your comments in detail upon John's and Sheila's return back to Washington, DC, and I wish you a very good hearing. Again, my regrets for not being able to be there.

[Senator Murkowski's opening statement follows:]

STATEMENT OF SENATOR FRANK H. MURKOWSKI

Good morning. Today the Select Committee on Indian Affairs will receive testimony on S. 1298, which is a bill to coordinate and expand services for the prevention, identification, and treatment of alcohol and drug abuse among Indian and Alaska Native youth. I am holding this hearing in Alaska because I believe it is important to hear first hand from those most directly affected by this legislation about the problems it seeks to address and also the specific provisions of the bill.

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The article further pointed out that of the people who die each year, over 30 percent are victims of violence—accidents, homicide, or suicide. Many of these death could have been avoided with improvements in substance abuse treatment and prevention programs and that is why we are here today.

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I look forward to hearing the ideas and concerns of our witnesses today. And, I look forward to incorporating these suggestions that you may have for improving the bill.

Ms. WRENN. Not everyone from panel 1 is here yet this morning, so we're going to change the schedule of this hearing and begin with panel 2. I would like to call the second panel of witnesses now.

The second panel of witnesses are persons who work with programs directly involved in the delivery of prevention and treatment programs throughout the State of Alaska. The select committee wishes to welcome Lorraine Jackson from Copper River Native Association; Carl Berger from the Yukon-Kuskokwim Health Corp., and Tami Stukey from the Aleutian/Pribilof Islands Association. If our witnesses would please come forward?

Ms. Jackson, would you like to begin this panel's testimony?

STATEMENT OF LORRAINE JACKSON, VILLAGE AIDE COORDINATOR, COPPER RIVER NATIVE ASSOCIATION, COPPER CENTER, AK

Ms. JACKSON. Hello. My name is Lorraine Jackson, and I am from Copper River Native Association, and I am working with a program of alcohol and drug abuse prevention.

We do not have hard facts on drug abuse because alcohol seems to be the primary problem in our area. But the information that I have received is given by concerned parties such as the hospitals and human services, social workers, the State troopers and the magistrates and parents and students.

In our area, the most used drug is marijuana; and this is, from what I have gathered, from grades seven on up. Marijuana is, really, readily available in one community and it is homegrown in

another community, and it is very easy for the juvenile to obtain, and it has been said that it is free to get at the first time around.

Students in the elementary schools have shown indication of knowledge and involvement with marijuana, and cocaine and amphetamines are being used mostly by the younger adults, in their twenties.

Peer pressure seems to have a lot to do with students in school. In our area you have to go along with the crowd or you are alone in a lot of places. So this is the most major cause for students who want to go straight to go along in the drug abuse.

In our area, the communities don't seem to want to be involved in reporting drug abuse or drug peddlers, and we're not sure why. But the State troopers up there right now are working on trying to get a system set up, like "Crime Stoppers" except that it will be on drug abuse. I'm not sure whether this will happen, but they're working on it now. This may help with the community involvement.

Another problem we have with the community involvement is that the State trooper force has been reduced by half. We used to have about five, but there's only about two now that's full time. This causes a lot of problem in not getting help immediately when reporting.

Our high school dropouts have been very high in our area, and I'm sure this has to do with the drug abuse. And our attendance problems—we have a lot of attendance problems there.

Our program just has been started in March, and it seems to be working. We're working with students in each village. We have a worker there that works with students who teaches on alcohol and drug abuse education, and also teaches them survival skills in teaching them how to get into other activities, cultural activities and physical activities; also, helping them with coping skills, as I said before.

The people working on combating this problem seem to feel that more information on drug abuse and prevention and more alternative activities are needed to combat this problem. Therefore, I do believe that this bill is really going to be helpful. We do have alcohol treatment for adults statewide, but there isn't anything on juveniles, and they are different from adults and need to be treated differently. I believe that we do need the treatment, and also trained staff to work with juveniles on this problem.

I also believe that Johnson-O'Malley programs do have a lot to do with preventing alcohol and drug abuse. In our area, all of our young people are losing their cultural identity, and therefore I think this is why they're getting kind of mixed up and getting into the drugs.

So I believe that this bill will help in our area, and I believe that in each part of the region the cultures are different; our culture is different from the northern part of the State, and from the southern part. So I think that in each individual region, it is important to have their own program, set to their own ways.

[Ms. Jackson submitted prepared statements on both drug usage and on alcoholism. The statements follow:]

PREPARED STATEMENT OF LORRAINE JACKSON OF THE COPPER RIVER NATIVE ASSOCIATION OF COPPER CENTER, AK, REGARDING DRUG USAGE

We do not have hard facts on drug usage. Alcohol is the number one problem. Drug abuse started surfacing ten years ago. The abuser may have mixed alcohol and other drugs. The information given by the community schools, Human Services Department, hospital, and the State Troopers is that the most common drug used in the Copper River Basin is marijuana.

Marijuana is readily available in one community and home grown in another. It is very easy for a juvenile to obtain. In a case it was said that it is free if you really want it. Students in elementary school have shown indication of knowledge and involvement with marijuana.

Cocaine and amphetamines are being used mostly by the young people in their early twenties.

The peer pressure has a lot to do with the abuse. If you are not in the crowd, then you are a loner. It causes students who want to stay straight to feel alone and out of place.

The community does not seem to want to get involved in reporting to the State Troopers when they are aware of drug abuse or peddlers. They are not likely to give information as they do with alcohol. Perhaps it is because alcohol problems have been around a long time and the community is tired of the problems it causes, while the drug issue is just surfacing.

Also, our State Trooper force has been reduced by more than half in the last year and a half. We had five troopers and now only have two. This has had an effect on getting help immediately. The troopers are trying to set up a system like Crime Stoppers except it will be for drugs. People may report without giving their name. This will be run by volunteers. This will help encourage community involvement.

Implications of drug usage in the schools: Attendance problems, extended lunch—may skip classes, daze—not paying attention, grades go down.

Implications of drug usage in the work place: Many days of missed work. It also creates a pattern of escapist behavior which is a self-defeating pattern. People learn to confront problems at work and in their relationships by running away from them through drugs. Therefore, these problems get worse. If alcohol is involved, quite often violence erupts in the household, though marijuana may also lead to violence though it is unlikely. However, marijuana makes people avoid each other.

Our Alcohol and Drug Abuse Prevention program started in March, 1985. We started with one village role model in 1983 and it worked well. The program consists of village based Aides who work twenty hours a week with children from pre-school to young adults. The Village Aides work with students on school projects, activities and hold studies hall after school. The program also coordinates with the Johnson-O'Malley program.

The Alcohol Education program teaches students responsibilities, teaches them about alcoholism and drug abuse, as well as developing what are call positive addictions, such as doing physical activities, being involved in cultural activities, etc. It also stresses coping skills, such as how to make peace with our parents, even "spiritual" classes, not necessarily only Christian values, but helping each person clarify their own values so they know what they believe in, in order to "walk as they talk."

The people working to help combat the drug abuse problem feel that more information on drug abuse and its prevention and more alternative activities are needed. Also more cultural oriented activities would be helpful. The young people are losing their cultural and traditional ways, which seems to be one cause of the increase of drug usage and high rate of suicide.

PREPARED STATEMENT OF LORRAINE JACKSON, OF THE COPPER RIVER NATIVE ASSOCIATION OF COPPER CENTER, AK, REGARDING ALCOHOLISM

Alcoholism is, without a doubt, the major problem in this region. We say "without a doubt", because the staff, administration, advisory and governing boards at the Copper River Native Association, as well as community leaders and concerned parties such as the churches, troopers, school personnel and Human Service workers in the area all feel that the abuse of alcohol is most serious. Both informal and formal discussions through structured interviews have led us to this conclusion.

Statistics also suggest that 76 percent of all court cases and deaths are alcohol related. It goes without saying that alcohol and the proximity to lethal weapons such as guns and rifles which is quite common in a mixed cash/subsistence economy such as ours, can aggravate and has aggravated both homicide and suicide rates.

In 1985, moreover, the local hospital, Faith Hospital's admissions were 7 percent alcohol related. There has also been an alarming increase in teenage admittance for alcohol related problems. Discussions with social workers, school counselors, psychologists make note of quite disturbing incidences where, for example, a 9 year old child is discovered drunk, where soda-pop is spiked, where students often come to class drunk and "pie-eyed". The community doesn't appear to help out as quite often at baseball games or other extracurricular activities, teenage and adult members of the community insist on drinking heavily, which naturally not only lowers morale, but also provides both poor peer and adult models.

It appears that alcoholism is symptomatic of a deeper malaise and this is hopelessness. In a region where there is, at least, a 50 percent unemployment rate, where traditional methods of life such as hunting and trapping no longer appear viable for our time, where relationships appear only temporary and divorce and family break-up are on the increase, this hopelessness is understandable. The question as we see it, however, is that these hard times should not be been as an excuse. Contemporary problems, as always, need to be dealt with head on and with contemporary solutions, rather then by alcoholism and other escapist methods, which though appearing to be solutions are only "temporary" ones and though appearing to avoid conflict, only exacerbate it.

Lest we give in entirely to the above pessimistic scenario, some constructive actions have been taken. Village aides, for example, have developed alternative activities for youth, so-called "positive" addictions such as physical activities, traditional cultural and social activities, the development of coping skills classes such as making peace with our parents, assertiveness training, dealing with depression, etc. The youth of the area have been receptive to these alternative and innovative approaches.

Ms. WRENN. Thank you very much, Ms. Jackson.

We'd like to continue—we do have questions for the witnesses, which we will ask after you've all presented your testimony.

So we'd like to go on now with Ms. Stukey.

STATEMENT OF TAMI STUKEY, ALEUTIAN/PRIBILOF ISLANDS ASSOCIATION

Ms. STUKEY. My name is Tami Stukey, and I'm here today representing the Aleutian/Pribilof Islands Association. I work out in the region, where I implement a community-based alcohol and drug prevention program. It serves Sand Point, which is where I'm based, and four other communities.

In addition to that, I coordinate a youth substance abuse grant which we receive from SOADA, and we've chosen to utilize that youth substance abuse grant to implement a peer counseling program in our region.

Therefore most of my professional work is, indeed, youth targeted and prevention oriented.

I was very excited when I first heard about the bill when my boss mentioned it to me, because it seemed to me that it was a Senate recognition of the need for youth-targeted, prevention-oriented services; and, indeed, there is such a need. In fact, as I was reading the background on the bill—I read some statistics from the Pine Ridge Reservation that were used to justify the need for the bill where they had asked students about their cocaine, marijuana, and alcohol use. They came up with results that were substantially higher than a survey that was administered nationally. Unfortunately, when I compared the Pine Ridge Reservation statistics to a survey that we had done in our region, ours were even higher than theirs. So obviously there is a problem, and we support the need for prevention-oriented, youth-targeted activities.

After reading the bill, however, I was a little more disappointed because even though I felt that the intent is excellent, I'm not sure it will go from the intent to the implementation stage really well. In fact, after first reading it, I kind of went through in my mind whether or not there would be any substantial difference in the survey if we conducted that same survey in the Sand Point School 5 years from now, if this will were implemented. And I didn't see that there would be any drastic reduction in those numbers as a direct result of the provisions called for in this bill.

I think that the reason for the disappointment was not only with what the bill said, but what it didn't say. And what I felt it left out was a lot of funding for village-based programs. It seemed to come much more from the Federal level.

I have some outlines on specific highlights of problems with the bill that our health department director found; she works more from the administrative management part and I work more from the village—just being a village member, what my reaction was. Her specific problems were that she felt, again, that the bill called for activities at a national level which could be more effectively and economically conducted at the local level. She felt that if those activities in section 101 (a) and (b) were conducted at national level, that a lot of the funds would be dissipated and there wouldn't be much funds trickling down where it's really needed, which is in the villages.

She felt that section 101(b)(1) was redundant because the Indian Self-Determination Act already provides that they will receive input from the villages whenever they're conducting a program.

Based on the CHR training part, we have some problems with that because it doesn't say necessarily where the funding will come from. There are still problems with whether or not the CHR Program is going to be funded at all, and we're real hesitant, especially in our region, to take the CHR's out of the village for training on an ongoing basis because we have very few resources in the community, and to take them out to do such kind of training activities really takes a cornerstone of the community out of the villages.

And the last section that I will address is section 401, where it discusses shelters. I didn't—for our region, that just doesn't seem to make a whole lot of sense. In villages of 60 people, we can't understand the need, necessarily, for shelters. I think that if it's indeed a prevention-oriented bill, then the shelter doesn't seem to address the need for prevention services. We didn't really understand that part of the bill, or where the money would come from, who would administer it, et cetera.

I'll just reiterate that, indeed, we think there is a horrendous problem in our region and that we're hopeful that there will be some steps taken at a national level to combat the problems. But as far as some of the specific provisions in the bill, we didn't see that it would make a substantial difference, especially for our region, which is a real isolated region. We didn't see a lot of the money filtering down or the resources filtering down to be of help on the islands.

Ms. WRENN. Thank you very much, Ms. Stukey. Your comments will be brought to the Senators' attention.

Mr. Berger.

STATEMENT OF CARL BERGER, HEALTH DIRECTOR, YUKON-KUSKOKWIM HEALTH CORP., BETHEL, AK

Mr. BERGER. I am Carl Berger from the Yukon-Kuskokwim Health Corp. in Bethel. I am here in place of one of our youth counselors, Lucy Williams, who was unable to be present today.

I am pleased to have this opportunity to appear today to present our testimony in support of the bill, the Indian Juvenile Alcohol and Drug legislation, Senate bill 1298, which Senate Murkowski recently cosponsored before Congress.

I'll begin by addressing some concerns we have regarding the implementation of this bill. The Yukon-Kuskokwim Health Corp. is a private, nonprofit corporation which provides direct health care services to over 50 villages in southwestern Alaska. We currently receive our primary funding from the Indian Health Service, and that's approximately 80 percent of our total funding for our corporation, with a smaller portion derived from the State of Alaska and from other sources. And primarily, our State funding covers just about all of our alcohol and drug efforts.

As a nonprofit contractor under Public Law 93-638, the Indian Self-Determination Act, we've had extensive dealings with the Indian Health Service. It has been our experience that IHS has not responded adequately to the alcohol and drug abuse prevention needs in our area over the past years. There is definitely a need for greater involvement and financial support in this area from the Federal Government. We would like some assurance that, should IHS receive additional moneys for this purpose through this bill, that a mechanism to allow for subcontracting of services to nonprofit agencies such as ours also be in place and be encouraged. The fact that only 1 percent of IHS resources in Alaska currently go to alcohol and drug abuse prevention is inexcusable.

Similarly, we are concerned about the Bureau of Indian Affairs and their role in this legislation. Because of the recent phasedown of the BIA in Alaska, we question their ability to carry out additional responsibilities in rural areas such as ours, when the bulk of their remaining employees are concentrated primarily in Juneau and, to a lesser extent, Anchorage. We feel that merely maintaining over 300 employees in Alaska does not necessarily guarantee that they will be able to adequately serve the alcohol and drug prevention needs throughout the State. These issues need to be discussed and resolved before this legislation is passed in its final form.

Before I conclude this brief statement, I would like to describe to you the situation with alcohol and drug usage among the residents of our region, particularly the Alaskan youth. Unfortunately, alcohol and drug abuse are well established and a growing problem in our area. The increasing use of drugs among our young people is of particular concern. There is an alcohol treatment facility in Bethel and Yukon-Kuskokwim Health Corp. operates a program maintaining 12 village-based alcohol counselors and two Youth Advocates to provide drug and alcoholism prevention services. In a 50-village area, this is not nearly enough to adequately combat the problem. With declining State revenue, we must look to the Federal Government for additional assistance. Our staff has already enlisted the

help of respected elders and traditional counselors to become involved in working to find solutions and to help organize village residents to effective action. Volunteer alcohol boards have been established in many villages and are encouraged to take the most effective actions for their communities. Community response and involvement is increasing, but there is a continuing need for education and prevention activities beyond additional enforcement and interdiction efforts.

Drugs and alcohol abuse affect every Alaskan, urban or rural, rich or poor, native or non-native. Alaskan youth are our leaders of tomorrow and they are being increasingly and adversely affected by drugs and alcohol. Effective legislation to provide for education and prevention will literally save young lives now in jeopardy. Your efforts, on behalf of all Alaskans, are very much needed and will be sincerely appreciated.

Thank you for allowing us to testify before you today on this important legislation.

[Mr. Berger's prepared statement, on behalf of the Yukon-Kuskokwim Health Corp., follows:]

Yukon-Kuskokwim Health Corporation

"Fostering Native Self Determination in Primary Care, Prevention and Health Promotion"

STATEMENT OF CARL BERGER, HEALTH DIRECTOR
October 25, 1985

I am pleased to have this opportunity to appear today to present our testimony in support of the Indian Juvenile Alcohol and Drug legislation, Senate Bill 1298, which you recently co-sponsored before Congress.

I'll begin by addressing some concerns we have regarding the implementation of this bill. The Yukon-Kuskokwim Health Corporation is a private non-profit corporation which provides direct health care services to over fifty villages in Southwestern Alaska. We currently receive our primary funding from the Indian Health Service, with a smaller portion derived from the State of Alaska and other sources. As a non-profit contractor under Public Law 93-638, The Indian Self Determination Act, we have had extensive dealings with the Indian Health Service. It has been our experience that IHS has not responded adequately to the Alcohol and Drug Abuse prevention needs in our area over the past years. There is definitely a need for greater involvement and financial support in this area from the Federal government. We would like some assurance that, should the IHS receive additional monies for this purpose, that a mechanism to allow for sub-contracting of services to non-profit agencies such as ours also

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Before I conclude this brief statement, I would like to describe to you the situation with alcohol and drug usage among the residents of our region, particularly the Alaskan youth. Unfortunately, alcohol and drug use are well established and a growing problem in our area. The increasing use of drugs among our young people is of particular concern. There is an alcohol treatment facility in Bethel and YKHC operates a program maintaining twelve village-based alcohol counselors and two Youth Advocates to provide Drug and Alcoholism prevention services. In a fifty-village area this is not nearly enough to adequately combat the

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Ms. WRENN. Thank you. Both John and I do have some questions for you.

First of all, Ms. Jackson, you testified that you're running an alcohol and drug abuse program in the Copper River area. Who is funding that program?

Ms. JACKSON. Indian Health Service.

Ms. WRENN. Indian Health Service?

Ms. JACKSON. Yes.

Ms. WRENN. I believe, Mr. Berger, you stated that your program was being funded by the State?

Mr. BERGER. Primarily by the State. Some IHS money.

Ms. WRENN. All right. I wanted to clarify that.

One thing that was brought to the committee's attention a while back, when some people came in from Alaska, was a really horrible situation where youngsters of the fourth and fifth grade level were drinking copy machine fluid. We don't even have any medical evidence to help combat this abuse by teaching them what that's going to do to their bodies and brains. Is that a problem in your areas, particularly?

Ms. STUKEY. No.

Mr. MOSEMAN. How about the question of inhalant abuse, the sniffing of glue and even gasoline and other kinds of substances? We understand that that is a problem with some of the lower 48 reservations. Have you experienced any kind of similar problems, sir?

Mr. BERGER. Yes, definitely. Gas-sniffing continues to be a problem, as it has been for some time.

Mr. MOSEMAN. How would you rank that as opposed to other substance abuse in your area?

Mr. BERGER. Well, I think that's the most easily obtainable by people. Gas is everywhere, small villages, larger communities.

Mr. MOSEMAN. Ms. Jackson, do you have—

Ms. JACKSON. No, we don't have.

Ms. STUKEY. We haven't seen that as a problem in our region, that I know of.

Mr. MOSEMAN. Ms. Jackson, you testified, as I understood it, that the younger people in your region, the youngsters between the ages of 7 and above——

Ms. JACKSON. Seventh grade.

Mr. MOSEMAN [continuing]. Seventh graders are experimenting with marijuana or using marijuana quite heavily, and the older youths are experimenting with cocaine. Do you see any linkage in that at all? Do you see any connection between youngsters beginning with marijuana and perhaps moving on to other substances?

Ms. JACKSON. Yes, yes.

Mr. MOSEMAN. You also testified that you began a teaching program in March of this year. What's been the response of the students to the teacher? Have you noticed any results?

Ms. JACKSON. Yes, we have seen some results this summer, especially in one community where there is a lot of violence and crimes among the juveniles. And this year, we've seen that it is calming down a little bit. We've seen some positive things.

Mr. MOSEMAN. You indicated that you had a survey for the record—that was Ms. Stukey, I believe.

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Could you provide that for the committee's record?

Ms. STUKEY. I can.

Mr. MOSEMAN. OK. It would be helpful, I think, for us to have as much information as we could.

Mr. MOSEMAN. One of the chief criticisms that we've heard from those involved in alcohol and drug abuse is the lack of medical training for medical students and nurses in the specific area of drug and alcohol abuse. We'd be very interested in hearing your opinions about that. Should we be focusing more on educating doctors and nurses in the communities on substance abuse?

Ms. JACKSON. I believe so, and I think more training for workers that are working with students also, to identify if they do have problems.

Mr. MOSEMAN. Do you agree?

Ms. STUKEY. I think it would be helpful. From my understanding, the CHA's do receive some training on alcohol and drug abuse through their CHA training programs. But I found there to be a real lack of knowlege by a lot of the PA's and insensitivity to some of the Indian and alcohol- and drug-related issues.

Mr. BERGER. There needs to be ongoing training for community health aides as well as for doctors and nurses. There also needs to be work with people in communities, such as respected elders, traditional counselors, such as Mr. Lomack who is going to testify for you later today, who is from our area. Communities need to be able to act on this problem for themselves instead of having other people come in from other places. There need to be locally based people who have some training and some knowledge about the problem to deal with it.

Mr. MOSEMAN. The committee has also heard in prior testimony on this legislation that the vast majority of emergency room cases appear to be drug and alcohol abuse related, especially on the weekends. Can you confirm that?

Ms. JACKSON. I believe so. I think that's the way it is in our area.

Ms. STUKEY. In one of our communities, I think they did a clinic run sheet, and of the emergency situations, I think that 97 percent—or some appalling statistic—was alcohol and drug related. And they also did a death run sheet, and out of eight people in our community who died within the last 2 years, all except one was alcohol and drug related.

Mr. MOSEMAN. All but one?

Ms. STUKEY. All but one.

Mr. BERGER. We have people taken into protective custody in Bethel, and previously they've been brought to the hospital emergency room and to be evaluated to make sure that they didn't have any immediate medical needs. But yes, overwhelmingly, emergency cases are people who are under the influence.

Mr. MOSEMAN. Is there any followup after a weekend incident, for example, where you can identify that it might be drug or alcohol abuse related? Is there any followup with that individual later, with counseling or education or some other form of prevention? Anybody.

Ms. STUKEY. Even if it doesn't come to a clinic, I think in a small town you know really quickly who, indeed, has an alcohol- and drug-related problem. So I think it's evident even if it doesn't show

up in a clinic emergency case. The resources aren't necessarily available to reach out to everybody who walks in with those kinds of problems. There is a recommendation through the court, if it is a law enforcement case, that our region—we have on ongoing AA group, but there's no followup other than that. And that's just because we lack resources.

Mr. BERGER. For people in Bethel, there are resources available, but we have 50 villages in our area. We have 12 alcohol counselors; we have two part-time youth advocates, and that's not nearly enough to adequately cover the needs for people who happen to live in a village where there's nobody there.

Mr. MOSEMAN. Could you summarize again, for the committee record, the nature of the drugs that are available in the community? And if you could, perhaps even give a ranking of how the drugs relate in terms of alcohol and substance abuse or drug abuse, in this case.

Ms. JACKSON. Well, marijuana is readily available in our community. And I think it's because we're right along the highway, and it comes in whenever they need it. And it's homegrown in another community, from what I've been told. And it's just there, and it's out in the open.

Mr. MOSEMAN. And you also mentioned cocaine. What other substances are in your community?

Ms. JACKSON. I'm not sure if I can say it right—the amphetamines.

Mr. MOSEMAN. Have you seen any kind of a trend in increased use of any of these drugs over another kind of drug?

Ms. JACKSON. It just seems to be the pattern of getting into marijuana and then going into cocaine, mainly because I've been told that marijuana is cheaper and it's easier to get. And when they get out of high school, they go to work and get their money and can buy cocaine. But that's the only three substances that I've heard that's around.

Mr. MOSEMAN. Ms. Stukey.

Ms. STUKEY. After alcohol, which is the primary drug in our region, there is a lot of marijuana use at the youth level. And then we have a lot of cocaine use, but it's more periodic because it's a fishing economy; and so, as the economy booms, we have an amazing amount of cocaine in our region. And then that kind of lowers out after the economy goes downhill a little bit more, and it kind of reverts back to marijuana. So I think it's more of an escalating use from marijuana to cocaine, but more dependent upon the economy.

Mr. MOSEMAN. Based on economics rather than——

Ms. STUKEY. Yes, any kind of escalating in severity of drug use. But we have—at Sand Point, at one time it was the second highest per capita income in the United States, so we have a lot of money in the region and a lot of cocaine use.

The only other drug that we've seen besides some older people who use Valium and depressants, is that some speed comes in periodically. But they've been trying to maintain that, and there's been a whole lot of collective community action against people bringing in speed. So that's decreased a lot, and it's been real effective at a community level.

Mr. MOSEMAN. Has that community action also attempted to combat the increase of cocaine use?

Ms. STUKEY. No, not at this point, because there doesn't seem to be as large a stigma attached to cocaine use as there is to speed and other drugs. We now have a local law enforcement officer, and I think that might change somewhat. It's still during the fishing season that it's still readily available to anybody at any age.

Mr. MOSEMAN. There may be no stigma attached to cocaine, but is the community aware—or are you trying to make the community aware—of the physical, the potentially addictive reaction to cocaine?

Ms. STUKEY. Yes, there is lot of outcry against it from some of the people based on the physical aspects, and also the wife who comes in to me who says that her husband isn't going to be able to support her all winter because he's blown it all on cocaine. But it doesn't seem to be such a majority because it's been so long accepted that with the fishermen come the cocaine. And it's starting to turn a little; people are actually speaking out and coming to me and asking to kind of quell the dealers because you can obviously tell who they are. And I think that it's starting to change, but I'm not sure how fast it will happen.

Mr. MOSEMAN. Mr. Berger.

Mr. BERGER. Alcohol is readily available in Bethel and the villages. It's legal in Bethel to possess alcohol; it's not legal in most all of our villages, but it's still there. And we have a thriving bootlegging industry in our area.

Marijuana is also readily available throughout the region, depending on what people can afford, I think. Amphetamines and cocaine are also available to a lesser extent; again, depending on what the people can afford.

Resources are very much different in Bethel than they are in our villages. We have AA groups in Bethel that are available for people to go to; we even have a Narcotics Anonymous group now that's been formed this year, and that's being attended. But as far as other resources out in the villages except for our village-based staff, that's about it.

Ms. WRENN. You've all mentioned that the majority of crime, car accidents and premature death, among our native youth, is most often related to alcohol. We have recently, in the last 3 months, seen a tremendous increase in suicide among teenagers, specifically on reservations in the plains area. Eight or nine youngsters committing suicide in a period of 2 or 3 weeks. These suicides were alcohol or drug related, I believe.

Are suicides on the increase among your youth? If they are, are you finding they are alcohol or drug related? Ms. Jackson?

Ms. JACKSON. There is not very much problem with suicides, but we have seen some attempts, and that seems to be rising. And they are alcohol and drug related.

Ms. WRENN. Ms. Stukey.

Ms. STUKEY. In my particular region, the Aleutian east communities, we haven't seen a great deal of problem with youth suicides. In the Pribilof regions, which are also covered under APIA, there has been a terrible problem with suicides, and they are just getting younger and younger. It is primarily the young adults, 19 and 20 is

the age that they're targeting for problems right now in the Pribilofs.

Ms. WRENN. Mr. Berger.

Mr. BERGER. We have seen suicides and suicide attempts—the reporting has been very clouded; in fact, we are doing a study right now in our area to find out what we can do to better report and have accurate data. It varies from time to time and one part of the region to another. It's hard to generalize in our area, it is so large; but yes, we have had problems in the past with suicides, and we feel that the attempts are not being reported and that it's a much bigger problem than it appears to be at this point.

Mr. MOSEMAN. Just one last general question, if I might. What is your general opinion about the community awareness in your different regions to the drug and alcohol abuse problem? And by awareness, I mean not just that the people know about it, but that people are anxious to do something about it? If each of you could address that. Ms. Jackson?

Ms. JACKSON. Do you mean—I'm not sure what you mean.

Mr. MOSEMAN. Well, particularly with regard to families. Should counselling efforts be directed not just at the drug abuser or the substance abuser, but also to the family?

Ms. JACKSON. I think we should have it to the family and the community in trying to get the community involved in it, and this isn't happening in our area. We're having a hard time getting it started, but I do believe that we should get the family and the community involved in it.

In one case, I was talking to one of the concerned parties and they even said that they would like to see the village have the authority to step into it when there is abuse going on, and especially when there is child abuse coming out from that.

Mr. MOSEMAN. Ms. Stukey.

Ms. STUKEY. I think that anybody who lives in a small bush community knows real fast that there is obviously a problem with alcohol and drug abuse, so I think everybody has a recognition or an awareness that there is some type of problem. It's just that sometimes it seems so overwhelming that you can't deal with as a local person. There is also a lot of reliance on outside efforts. There is also an attitude, to a certain extent, that "it's always been this way."

I'm beginning to see some logical next steps from recognizing the problem to recognizing that you can do something about it, but I think that comes real slowly and has to come from within the community.

Mr. BERGER. I would agree with that. It's very difficult to get people to own the problem in small communities and to deal with it themselves. We've had workshops in quite a few of your village communities where we're trying to identify folks who live in the village who can work on the problem and know what resources are available to them within the region; not necessarily just from Bethel, but from other villages—elders, volunteer boards, alcohol boards, drug board members. If people don't own the problem, it's not going to get solved; and people are starting to own the problem, but it's a very, very slow process. There needs to be much more awareness of alcohol and drugs and the damage that they do.

Ms. WRENN. Thank you for traveling here and sharing your experience with us.

Our next panel consists of Janie Leask, president, Alaska Federation of Natives, who is represented today by Julie Kitka, special assistant; Carolyn Martin, Alaska Native Health Board, who is represented by Joan Cannelos; and Suzy Ehrlich, chairman of the board, Maniilaq Association, Kotzebue.

I see that Ms. Kitka is here; we will call the other witnesses later. Ms. Kitka, we would like to welcome you here today. I know Janie Leask could not be here, so if you would like to go ahead and give your testimony, we will proceed.

STATEMENT OF JULIE KITKA, SPECIAL ASSISTANT TO THE PRESIDENT, ALASKA FEDERATION OF NATIVES, ON BEHALF OF JANIE LEASK, PRESIDENT

Ms. KITKA. Well, thank you very much, staff members of the Committee on Indian Affairs. Good morning. My name is Julie Kitka; I am the special assistant to the president of the Alaska Federation of Natives, and I'm here today on behalf of our president, Janie Leask, who was not able to make it. The other panel members—I'm sure they're over at the convention; for some reason they're tied up, and when I get back over there I'll encourage them to try to make it over here before you adjourn on that.

Basically, one of the main reasons why we wanted to present some testimony was to try to get into the record some background information on Alaska because that, in our view, is one of the most critical things that needs to be taken into account when you're taking a look at that Senate bill. It does not reflect the sensitivity to the State of Alaska and Alaskan Natives' needs as it is currently written. Like I said, I wanted to give some of the general background.

The Alaska Native Health Board, which is also scheduled to testify, is the standing health committee of the Alaska Federation of Natives, and so we're very supportive of their testimony that's coming in, and they are actually going to be doing the technical analysis of the bill for us, but we wanted to get that into the record also.

The Alaska Federation of Natives is composed of the 13 regional corporations formed under the Alaska Native Claims Settlement Act, and the 12 nonprofit regional corporations charged with responsibility for providing human services to Native people throughout Alaska. More than 80,000 Alaska Natives are represented by our member organizations.

Alaska, like I said, is different than the rest of the United States and it is divided into 12 regional areas based upon boundaries determined by the Alaska Native Claims Settlement Act. Each region has a corporation which administers the settlement, and a nonprofit corporation charged with providing human services for Natives living in that region. In 5 of the 12 regions there is also a regional health corporation which contracts with Indian Health Service and in the other 7, the nonprofit corporations contract with the Indian Health Service.

The Alaska Federation of Natives strongly supports Federal legislation designed to make a meaningful contribution to the prevention of drug and alcohol abuse among Alaska Native juveniles. This hearing today is significant because it will reflect a renewed committment by Congress to fulfill its special responsibility and legal obligation to native American people.

A comprehensive health care system that works must include culturally relevant preventative care programs, with a maximum of local control and adaptable to local Native needs. That's especially important, given the wide diversity in the State and the Native communities. Existing preventive care programs must be strengthened and given equal priority to primary health care.

Alcohol and drug abuse is the major health care problem faced by Alaska Natives. It stands out clearly as the most threatening to our health, our lives, and our culture. It affects every aspect of rural community life, as well as urban, and threatens the very survival of Alaska Native people and the traditional way of life.

Alcohol and drug abuse continue to be the most significant contributing factors in violent crimes, accidental death, suicide, and domestic violence. Alcohol and drug abuse have become a vicious circle in the State that destroy Native families and communities. This vicious circle must be broken.

Alcoholism and drug abuse is a complex problem with sociological, physical, emotional, and possibly genetic roots. The complexity of the problem demands that the Indian Health Service have the flexibility to deal with it. We suggest a study of the NCAI, the National Congress of American Indians, proposal to create an office of alcoholism and drug abuse programs. The existing Indian Health Service Program with its focus on the medical model is too restrictive to adequately or effectively deal with the problem. The conventional Western approach simply has not worked and will not work for Alaska Natives. The most successful programs that we're aware of in the State are local, community-based programs which are culturally relevant. Native people from the community are actively involved in it; that's our abservation on that.

My written comments deal with some issues as far as research, and also some observations on the legislation which I won't get into at this time because of your limited time. I did want to highlight for you that, once again, the Alaska Native Health Board is the standing committee of AFN, and they will describe further specifics on the legislation. We will be providing additional information to the committee which we would like you to consider, and that will consist of four main reports: the rural health study, which was recently completed by the Alaska Native Health Board, which identifies in detail the findings, facts, and health issues, including alcohol and drug abuse issues; the suicide report, recently completed by that same board, both of which are going to be submitted to the Alaska State Legislature, but that is very comprehensive, good information. Another report is a recent University of Alaska study on access to social services for Alaska juveniles. One of the major findings on that is basically that 29 percent of the young people throughout the State, Native and non-Native, are the only ones that have access to social services in the State. And when you take a look at the villages in the State, 120 of the villages do not have

access, based on this recent study. Along with that study will be a short analysis for your consideration of use, which will also be a combined university analysis and also our own analysis on that. We view that as very significant, and we're also going to be going into it a lot further in a bush justice conference that we're having in Bethel next month; that's the major focus of one of the mornings of our conference.

The last item that we wanted to let you know that we're going to be providing you just shortly are the resolutions that are going to be passed at our convention. We're voting on them tomorrow. One of the resolutions has passed through our statewide elders conference earlier this week, and I believe there are one or two other ones which are up for consideration and we wanted to include those to you.

Anyway, I wanted to thank you for the opportunity, and we're very pleased to get some Alaska comments into the record and hope they're going to be able to work over the legislation to make it work for Alaska. Thank you.

[Ms. Kitka submitted the prepared statement of Janie Leask, president, Alaska Federation of Natives, on behalf of the federation:]

PREPARED STATEMENT OF JANIE LEASK, PRESIDENT, ALASKA FEDERATION OF NATIVES, ON BEHALF OF THE FEDERATION

Mr. Chairman, members of the Senate Select Committee on Indian Affairs. My name is Janie Leask. I am President of the Alaska Federation of Natives and I am testifying today on behalf of that organization.

The Alaska Federation of Natives is composed of the 13 regional corporations formed under the Alaska Native Claims Settlement Act, and the 12 non-profit regional corporations charged with responsibility for providing human services to Native people throughout Alaska. More than 80,000 Alaska Natives are represented by our member organizations.

Alaska is divided into 12 regional areas based upon boundaries determined by the Alaska Native Claims Settlement Act. Each region has a corporation, which administers the settlement, and a non-profit corporation charged with providing human services for the Natives in that region. In five of the 12 regions, there is also a regional health corporation which contracts with Indian Health Service. In the other 7 regions, the non-profit corporations contract with IHS for health services.

The Alaska Federation of Natives strongly supports federal legislation designed to make a meaningful contribution to the prevention of alcohol and drug abuse among Alaska Native juveniles. This hearing today is significant because it will reflect a renewed commitment, by Congress, to fulfill it's special responsibility and legal obligation to Native American people.

A comprehensive health care system <u>that works</u> must include culturally relevant preventive care programs, with a maximum of local control and adaptable to local Native needs. Existing preventative care programs must receive priority equal to primary health care.

Alcohol and drug abuse is the major health care problem faced by Alaska Natives. It stands out clearly as the most threatening to our health, our lives and our culture. It affects every aspect of rural community life and threatens the very survival of Alaska Native people and our traditional way of life.

Alcohol and drug abuse continues to be the most significant contributing factor in violent crimes, accidental death, suicide and domestic violence among Alaska Natives. Alcohol and drug abuse has become a vicious circle, destroying Native families and communities. It must be broken.

Alcoholism and drug abuse is a complex problem with sociological, physical, emotional and possibly genetic roots. The complexity of the problem demands that Indian Health Service have the flexibility to deal with it. We suggest a study of the NCAI proposal to create an office of Alcoholism and Drug Abuse Programs. The existing IHS program, with it's focus on a medical model, is too restrictive to adequately or effectively deal with the problem. The conventional, Western approach simply has not worked and will not work for Alaska Natives.

I would like at this time to touch briefly on three areas:

- research issues
- observations on the legislation
- additional material to be provided

Research

Alcohol abuse is implicated in "accidental" deaths, 3-wheeler injuries and death, domestic violence, suicide, child abuse and neglect, sexual assault, homicide and mental illness.

The suspected strong connection between the use of alcohol and drugs and the above described problems need to be verified in order to better target prevention efforts towards appropriate audiences. If studies are done, they must be baseline type work. Information such as correlation of alcohol/drugs and the above described problems must be reflected in both the state and federal information gathering.

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Another example of a baseline data type which would be helpful, would be a drug use survey of schools in Alaska. These studies can be done with material already used by others and can be tabulated fairly easily. While the tools are available, it is our understanding that the commitment of current resources to maintain baseline data on an on-going basis has and is declining.

Observations on the Legislation

Title I - Interdepartmental Agreement: AFN supports this proposal however, the 180 day limit in section 6(b) (2) for Alaska villages is not realistic.

As far as the Department of Interior, Bureau of Indian Affairs, AFN strongly feels they have a definite role in education in Alaska. It is our observation that the BIA has assumed no responsibility for coordinating their various efforts to focus on the problems of juvenile alcoholism and drug abuse, and very little, if any of their funds are directed to that end.

Section 202 - AFN recommends use of the National Indian Alcohol Board Association. The suggested newsletter should emphasize successful programs, outstanding young men and women and features on Native role models. Every Alaska school should receive the newsletter since we have no BIA schools.

Section 301 - Education just on the problems is not enough. Life/coping skills, alternatives and the positive use of time must also be part of the preventative effort. Section (b) (1) contract should specifically be to tribal organizations. The councils or local decision-making group can best determine if they are able to provide the service or sub-contract to a better program delivery. Section (b) (2) training upon request should go through tribal organizations. Regional health corporations or regional non-profits could coordinate services based upon the resources available. Regional health corporations and regional non-profits do operate on behalf of villages and are able to contract for resources, especially BIA/IHS resources only if they have resolutions of support from each village in their area.

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Title IV Law - (1) Villages can use community service, local diversion for minors committing offenses. This will save resources and villages can assume responsibility for it's members actions. Section (3) - Tribes should be involved in prescribing standards. Regional non-profits and regional health corporations can help determine service areas which would work out best for their areas. For example: In the AVCP region - Emmonak could serve as a base for the villages of Emmonak, Kotlik and Alakanak.

Title V Juvenile Alcohol & Drug Abuse Treatment and Rehabilitation

Use of the IHS facilities to house and promote tribal programs is very important. An example which is working very well is use of the Mt. Edgecumbe Hospital for alcohol programs offered by the local tribal organization. This adult program can be replicated for young abusers.

The Alaska Native Health Board, as the standing health committee of AFN can further describe specifics on the legislation. The additional information we would like to provide to the committee consists of:

- The Rural Health Study, recently completed by the Alaska Native Health Board, which identifies in detail, the findings, facts and health issues including alcohol and drug abuse.
- The Suicide report, recently completed by the Alaska Native Health Board, which identifies in detail the scope of this serious situation.
- A recent University of Alaska study on Access to Social Services for Alaska Juveniles, which finds that only 29% of our young people have access to services in their communities. 120 villages do not have access. Along with this study will be included a short analysis for your consideration and use.
- Resolutions passed at our 1985 AFN Annual Convention which pertain to alcohol and drug issues. One resolution was passed also at the Statewide Alaska Native Elders conference.

On behalf of the Alaska Federation of Natives, I want to thank you for providing Alaska Natives this opportunity to present our concerns. Thank you.

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Ms. WRENN. Thank you, Ms. Kitka.

We have had join us at the witness table Joan Cannelos, representing the Alaska Native Health Board. Mrs. Cannelos, do you have some testimony?

JOAN HAMILTON CANNELOS, ON BEHALF OF CAROLYN MARTIN, CHAIRMAN, ALASKA NATIVE HEALTH BOARD

Mrs. CANNELOS. Thank you. I shall be reading the written statement that was to have been presented by Carolyn Martin, who is the chair of the Alaska Native Health Board.

Thank you for the invitation to provide information before this Senate Select Committee hearing.

The Alaska Native Health Board believes no other single event in our State exacts such a high toll as alcohol and drug abuse, both in monetary terms and in needless human pain and suffering. In a recent Alaska Native Health Board village survey, 77 of 113 communities that responded to the question, "What are the three major concerns you have about your village?" included alcohol abuse as major concern; 50 of the 113 communities identified drug abuse as a major concern. Quite frequently, alcohol or a combination of alcohol and drug abuse were listed as the only village concern. Far too many villages qualified their responses by specifying alcohol and/or drug abuse among our young people.

It is the Alaska Native youth, and our young men in particular, from age 15 to 24 who are vastly overrepresented in most all negative health-related statistics. This comes as a direct result of alcohol and drug abuse. To lower these negative statistics, prevention and education efforts must begin at an early age. For this reason, the Alaska Native Health Board wholeheartedly supports passage of an Indian juvenile alcohol and drug abuse bill that emphasizes prevention.

At this time, I would like to speak to Senate bill 1298. My comments will be brief, as others will do doubt speak to specific sections within the bill.

In its present form, Senate bill 1298 proposes that prevention efforts be carried out jointly by the Bureau of Indian Affairs and the Indian Health Service. The Alaska Native Health Board is concerned in that there is no longer a large BIA presence in Alaska or BIA schools through which education programs might be offered. The Alaska Native Health Board believes an inside-out approach using local resources is needed to ensure continuity and that programs will be ongoing in our villages.

It would appear that S. 1298 attempts to address both Indian juvenile prevention and treatment programs. The Alaska Native Health Board recognizes the need for both; however, caution must be exercised to ensure that the prevention components of the bill are not lost. Historically, the Government's response to alcohol and drug abuse has been reactive; that is, the bulk of available resources end up being deployed for a myriad of medical, emergency response, and treatment activities that usually do not provide services until after alcohol and drugs have been abused and resulted in an accident, illness, or crime. In the end, there has been very little left for education or prevention of alcohol and drug abuse.

The Alaska Native Health Board wishes to commend the U.S. Congress and you, Senator Murkowski, and staff for having the foresight to cosponsor and introduce Federal legislation for Indian and Alaska Native juvenile alcohol and drug abuse prevention. We look forward to passage of prevention legislation to put an end to what otherwise might result in a perpetual patient population for medical and mental health programs.

Thank you.

Ms. WRENN. Thank you very much.

I have a couple of questions, and I know that John has questions, also.

In the lower 48, both the Senate Select Committee and the House Interior Committee have heard that drug and alcohol abuse differs from the urban to the rural areas, and from reservations to the Oklahoma rural areas. Oklahoma rural areas have a big problem with inhalant abuse and the reservations have problems with the drinking of Lysol and alcohol. The urban areas are more likely to have drug abuse problems. Do you see any difference in the abuse of chemical substances between the Natives living in urban settings versus rural?

Mrs. CANNELOS. Primarily, in the urban areas, there is a lot more access to a whole range of things, and also in the regional centers throughout the State, such as Kozebue, Bethel, Barrow, and the larger communities. It is a matter of access.

Ms. KITKA. Yes. In the villages, alcohol and homemade liquor is quite available, and it is readily transportable so we have a lot more of that. Marijuana—because of the expensive cocaine, we don't see that much of it, but we were startled about 3 or 4 years ago to find quite a big supply in Bethel. And that was the first time we had heard of a large amount of cocaine in the Bethel area. In the villages, it is much too expensive.

And then, among our—in two villages that I know of, they've had to switch from alcohol—or some chemical-based erase—you know that stuff? Whiteout—from inhalant; kids apparently were swiping that and inhaling it to where it was necessary for the schools to change over to a water-based Whiteout.

Ms. WRENN. About a month and a half ago, the Indian Health Service testified before the Select Committee on S. 1298, and it was very apparent that their ongoing programs right now, what little they are doing, are totally geared toward alcohol abuse. It seems that in Alaska, for one reason or another, drugs seem to be more available here to the youth than they are in the lower 48. Could you describe any of the Indian Health Service programs in Alaska in the area of drug abuse prevention. And do you feel that there is adequate emphasis on drug abuse by the Indian Health Service in the Alaska area?

Mrs. CANNELOS. In the area of drug abuse, you are right; there is not an emphasis, just when you talk about drugs. But we consider alcohol to be a drug, OK? But when you talk about drugs, I think you're talking about marijuana, cocaine and——

Ms. WRENN. Narcotics.

Mrs. CANNELOS. Narcotics, yes.

Because of the overwhelming overrepresentation of alcohol in our villages there hasn't been much concern of narcotics, and I

think we're focusing in one direction, that it's coming in from back here, but we haven't even seen it with our peripheral vision yet. And we are not—our attention is away from the seriousness of it. And so, if you can understand, that is where we are at.

There are programs in very sporadic areas that deal with general social decay; programs that teach coping skills with the elders, and life skills and how to have better self-esteem that would take care of general social decay issues and would include alcohol and drug abuse.

Ms. WRENN. Thank you.

John, do you have some questions?

Mr. MOSEMAN. Yes. Does the IHS currently operate any juvenile drug treatment centers in Alaska?

Mrs. CANNELOS. No, they don't. We only have one, and it is a 15-bed out in Eagle River that is run by Volunteers of America; it is funded in part by the State office of alcohol and drug abuse, and some other funding, too.

Mr. MOSEMAN. What about the BIA? What role does it play in the treatment of prevention of drug abuse in the State?

Mrs. CANNELOS. BIA—as of last year, when the three schools we had that were contracted out to BIA, when those went under the State—they no longer have any kind an impact on our young people.

Mr. MOSEMAN. That's true with regard to the BIA-operated schools, but does BIA have any other kinds of programs in the State on drug and alcohol abuse?

Mrs. CANNELOS. Not that I'm aware of. When I asked our BIA representative in Bethel, who is in charge of the BIA for that whole region, he wasn't even aware of any kind of activity in alcohol or drug abuse.

Ms. KITKA. I guess I have one observation in regard to that. One of the reasons why we were supportive of the Bureau of Indian Affairs being included as some type of cooperative effort with the Indian Health Service is that we're in the process of evaluating the role of the Bureau of Indian Affairs in the State, and education is one role in which we have been fearful that the Bureau of Indian Affairs is looking to withdraw and retrench back. It's very evident when you look at the budgets, and anything which will strengthen their presence in there and assure that their legal responsibility to provide educational services to Alaska Natives, whether or not you're talking about a transition—OK, you're no longer running BIA schools, but there's a transition involved and there's a tremendous number of our young people who aren't making it through the high schools, let alone grade schools, on that, too, and we feel that there is definitely a role for the Bureau in that. And this is one aspect which should be addressed.

Mr. MOSEMAN. One of the reasons we're anxious to know the answers to these questions is that in Washington the committee was provided testimony by BIA and IHS that there is "considerable cooperation" at the local level in other areas—and I see a number of people in the audience shaking their heads—I shouldn't put words in your mouth, but it appears that is not happening in Alaska. Is that true?

Mrs. CANNELOS. That is correct; we don't have BIA in Alaska. They may on the reservations in the lower 48 because they have Indian Health Service and BIA, but not in Alaska.

You may be able to get around that by contracting out to regional health corporations in the villages. There are the eight regional health corporations.

Ms. KITKA. I might mention that as far as the social services aspect, it's my understanding that a good number of that is already contracted out from the Bureau of Indian Affairs to the nonprofits, but the dollar amount, the resources, is not nearly adequate enough to address this problem. I mean, it's minimal.

Mr. MOSEMAN. In your experience, do the BIA or tribal law enforcement officers receive any training in the area of drug and alcohol abuse prevention?

Mrs. CANNELOS. I am not entirely sure about the curriculum that they take down in Seward. I do know that in the Bethel region, the Tundra Women's Coalition—that's a shelter for battered women and children—the staff there does cross-training of all of the alcohol counselors, the VPSO's, the village public safety officers, and the various cadre of people who work in the villages so that they can do more coordination of efforts.

Mr. MOSEMAN. Ms. Kitka, you indicated that the Alaska Federation of Nations will likely pass resolutions this week. Can you give us an advance look at what they might be saying about this situation?

Ms. KITKA. Well, I didn't bring them with me, but I know that the resolution that passed through the elders' conference is basically looking for support from locally based programs for alcohol and drug abuse. I mean, it was the topic of a whole afternoon's worth of caucusing by elders broken into groups, and so I believe that's the focus of their resolution, that resources have to be made available to the local communities in order for that to be effective.

The other resolution—I just don't recall, we've been dealing with so many.

Ms. WRENN. Ms. Kitka, is there any way I could get that resolution before I leave? The Senators want to mark up this bill and move it to the floor before we recess.

Ms. KITKA. The four additional things that we wanted to provide, we could have them all four by Sunday.

Ms. WRENN. OK.

Mr. MOSEMAN. I just have one other question.

Ms. Kitka, is this the first time that AFN has passed resolutions on drug and alcohol abuse?

Ms. KITKA. No, I wouldn't say—we have recognized it as our primary health problem for some years. I mean, it definitely has been recognized. What is a little bit different this year is our elders' conference. We combined a whole afternoon of that with our youth conference and went over some of the Federal legislation which affects Indian families, and that's kind of different; and that was specifically at the request of our elders, at their elders' conference last year.

Ms. WRENN. Going back to that October hearing in the District of Columbia, Indian Health Service also testified that they have training programs available. S. 1298 makes training available to

persons responsible for and working with juveniles. IHS said they have training sessions for their own people in local areas, and that these are available for teachers, council people or elders. We then asked the Indian witnesses if they had ever heard of these, and not one of them had ever heard of the training programs.

Have they been made available in Alaska to people dealing with the Indian youth?

Ms. KITKA. I wouldn't be in a position to answer that, but what I would probably anticipate is that probably people are not aware of that, if there is that resource, and they would really welcome having that brought to their attention.

Ms. WRENN. Mrs. Cannelos.

Mrs. CANNELOS. I try to make myself informed on everything that's available to our Native people, but I'm not aware of it in Alaska. I just did a casual survey back there, and no one has heard of it in the three regions that I cover are represented in the room at the time.

Ms. WRENN. Well, I guess they're not available anywhere. You just joined the group on that.

We would like to thank you—you have anything?

Mr. MOSEMAN. Yes, I just have——

Ms. WRENN. John has one more question.

Mr. MOSEMAN [continuing]. Just one other, if I could.

Part of this legislation deals with what resources might be available to a young adult arrested for drug or alcohol abuse related problems. I would like your general comments on that. We've been focusing our questions, and perhaps testimony, this morning on education and other treatment but there is also a significant part of the problem that we have not really addressed in testimony, and that has to do with what happens to Native youth who are convicted of crimes and who have drug and alcohol abuse problems. Can you give me your general comments on that part of this legislation?

Ms. KITKA. Our general comment on that is that we like the idea of some type of diversion program. The McLaughlin model, in which kids are brought in, to our understanding is not a very successful or an acceptable alternative for Alaska Native people. There is a current study—I haven't seen it yet, but it's supposed to be made available by the court system—which they did on the McLaughlin Youth Center, which is a group—it is like youth corrections—here in Anchorage, and they did do an analysis at the request of the court system in which it was highly critical of the way that they were dealing with the rural people that were assigned there. And that was something that we were still seeking; we haven't got our copies. The court system hasn't made it available to us, but that is something that we were looking at.

The study which I mentioned that the University of Alaska has just recently completed basically showed that the young people in the State don't have access to the social services, which is a twofold thing; I mean, there are some good points and there are some bad points. On the one hand, some of the young people that are getting into problems, like with alcohol and drug abuse and other things which are crimes, some of those people are just being dealt with at the local community like a tribal council or the local elders, whoev-

er; they are trying to resolve that, and they just never surface into the State system at all until they have reached such a point, which is—like a homicide or something, a shooting, or things like that.

So a lot of the problems, people are not even aware of because, like I said, they do not have the access, as much as the State likes to think that they do. They showed that 120 communities didn't.

That is kind of the plus side, if the community is able to take care of the problems. On the other hand, there is a tremendous potential for communities to deal with matters like that more on their own hand and take responsibility for their young people in their communities. Where it might not be practical to have like an alternative home or something in one village, you could certainly have small clusters of villages, which would work out very well. There are clusters of villages which are culturally related, have a lot of family and social ties, and would be more practical. But that's our limited observation on that.

Mrs. CANNELOS. There are very limited sources available for juvenile offenders. We have the McLaughlin Center here in Anchorage; I think that's overbooked, and then we have some places like the group home in Bethel that's not specifically geared to offenders, but it does take children—young adults—who need another place to stay; they don't have anywhere else to go.

In all the villages I have traveled to it is a big source of frustration because they theoretically have juvenile probation officers who are supposed to take care of these young adults who get into problems. But because of the caseload you don't see them around unless there is a large enought of a case. In one village, 13 cases would justify coming into a village because that's large enough of a load to make the expenditure of money to go into that village.

In the meantime, the leaders in the villages—and these were mainly elders—were frustrated because they felt that when somebody does something wrong, that's a time to reprimand them and try to correct their ways. But as it was, they have to wait a month or two before any kind of action is taken. And so, what I suggested was that they take of the situation there themselves. They reprimand and do—implement any kind of deterrents; for instance, like have them carry a honey bucket out for the elders, and not too many of us enjoy carrying a honey bucket. That might be a good lesson learner.

Just my being an outsider, telling them that it's all right for them to do something like this, that gave them incentive enough to go ahead and do that. But before that, they were told that the young people would say, "You can't do this to me; I'll sue you." It's like we have a little bit of knowledge and it is dangerous. There's a lot of confusion going on as to whose job is what and who can do what to whom. And I think simple, fundamental knowledge like that needs to spread to our villagers.

Ms. WRENN. Thank you very much. I would also, on behalf of the committee staff, like to thank both of you for spending time with us earlier this week to help us get ready for this hearing.

Ms. KITKA. How long are you going to keep the hearing record open?

Ms. WRENN. The hearing record will be open for 10 days.

Ms. KITKA. I just wanted to know in case other people inquire.

Mr. MOSEMAN. Thank you.

Ms. WRENN. Our next panel is composed of two young women who have traveled here to be with us today. Ms. Valerie Davidson, a student at the University of Alaska at Fairbanks, and Ms. Clotilda Francis, a senior at Chevak High School.

Ms. Davidson, Ms. Francis, if you would join us?

Ms. Davidson, would you begin.

STATEMENT OF VALERIE DAVIDSON, ALASKA FEDERATION OF NATIVES YOUTH COUNCIL

Ms. DAVIDSON. OK. I would like to start with an experience that I had when I was a little girl. I was about 8, and my parents and I traveled to a village to watch the Iditarod, and we went there and I was scared to death because the whole village was drunk. And that was a village that was known to have had one brother shoot another brother while he was drunk, people being drunk and getting ahold of guns and seeing one minute that this person was their best friend and the next minute pointing a gun at them and saying that they hated them, that they were enemies. And after that, our parents never, ever let us go there again. We never went back.

That happens a lot in a lot of villages. And something that I think a lot of the people in the rest of the United States don't understand is that if you're in downtown Chicago, how many people do you actually know that are alcoholics, that have been killed by alcohol? I can name them—where I was raised in a village, Aniak—I can name at least 10 people that were killed, that is at the very least. And that is in a village; in Chicago or wherever, downtown USA, if someone is killed by an alcohol- or drug-related problem, then it's kind of a surprise; not really a surprise, but it is not that common to actually know them. But in rural Alaska, if someone is killed as a result of alcohol or drug abuse, then it is someone you know. Everyone knows that it is drug or alcohol related.

Also, earlier, we were talking about drug and alcohol availability in schools. Drugs are readily available in schools. Schools are the easiest place you can get drugs. You can walk down the hall and walk up to someone and say, "Hey, I want to buy some drugs," and you'll have it within an hour or so. It is no problem. And I also agree that local support is needed because we have had—I can remember—even at our Alaska Federation of Natives conventions, where someone would say, "Oh, you shouldn't use drugs and alcohol because it's bad for you," the kids don't listen. I mean, they are not from their village, they are not from their region; they don't know them. They don't respect them like they would their elders. They just tune them out and, "Well, they're just saying that; they're wrong." And also, one of the problems—one of the things that occurs so often is, someone will get up and they will start talking about how bad marijuana is, how bad cocaine is, and you can't—you're really going to turn the kids off if you way, "Well, this is bad, this is bad"—you have to say, "Well, I can understand where you're coming from, but this is the result of this situation." You can't scare them or sensationalize it.

And a lot of times these people come in and they say, "Well, this does this to you, and this does this to you; this is bad for you, it's all bad for you, and you're all bad kids for doing it." And then you see them later, walking in or walking out of the local bar, drunk off their butts. And the kids see that; they're not blind. It really—I think the best people to teach the young people about drug and alcohol abuse are the elders because all Alaska Natives have great respect for the elders. I mean, the elders are the next thing to God.

I think that education should start in the school, and not at high school or junior high age but even in first grade; because if you're born in the village and you've lived in the village, you've been exposed to alcohol and other drugs, and they're just kind of accepted. And if you've gone through 15 years of your life and then all of a sudden someone starts giving you all these statistics after hearing that they're OK, then you're more likely to believe the one that you've been with for the last 15 years. It's really hard to change someone's mind after they've heard that for so long.

At our youth conference we talked about the reasons for drug and alcohol abuse, and the ones that occurred most often were peer pressure, boredom, and curiosity. I mean, everyone tries it in the villages; you try it at least once. And I think that a lot more programs or activities for young people need to come out in the villages because a lot of the kids go and party because there's nothing else to do. What else is there to do? When you're in a small village that's kind of in the middle of nowhere, you don't really have anything else.

Also, alcohol seems to be more socially acceptable—well, it is more socially acceptable—but it seems that we always hear that if you drink alcohol maybe once a week and you don't get drunk, you just drink it for pleasure, then maybe you don't have a problem. But if you smoke marijuana once a year, or three time a year, once a month, then you have a problem. And the kids don't see—that just doesn't make any sense. They don't comprehend that.

So I think that Alaska really does need a bill like this to be passed to help the young people because we're really going nowhere. We're going backwards.

Ms. WRENN. Thank you very much, Ms. Davidson.

Ms. Francis.

STATEMENT OF CLOTILDA FRANCIS, STUDENT COUNCIL TREASURER, KASHUNAMUIT SCHOOL, CHEVAK, AK

Ms. FRANCIS. I am Clotilda; I'm from Chevak, and I'm a senior at Kashunamuit School District in the original education attendance area. Chevak has perhaps the highest per capita college graduates. We have 11 Chevak teachers that graduated from college, 6 of which are presently teaching in our school. Our school employs four elders, two males and two females. The two males just go around to each class, kindergarten, to talk to the students about the history, stories, and advice. The two female elders teach the girls how to sew, advise girls, and many others.

The people of Chevak feel that it is very important to have elders in the school. Furthermore, when the elders go somewhere else for a certain period of time, the discipline of the students

starts to deteriorate. Through the involvement of the elders in our school the students have a lot better understanding of who they are, where they came from, and how our elders used to live in the past.

In Chevak, our city employs a Yupik-speaking local alcoholic counselor. This person understands the people in the village and tries to help each person that may be in need of help. The school has a counselor training Yupik-speaking person. You will note that each of the counselors mentioned are Yupik-speaking people. It is our belief that the people that can help Yupik people are those that speak Yupik and understand the people. It seems that with a better understanding of who we are, where we came from, and our culture, the better it will be for us to understand the western culture.

Thank you.

[Ms. Francis' prepared statement follows:]

PREPARED STATEMENT OF CLOTILDA FRANCIS, STUDENT COUNCIL TREASURER, KASHUNAMUIT SCHOOL, CHEVAK, AK

Hello. I'm Clotilda Francis from Chevak, AK. I am a senior at Kashunamuit School District, a new regional education attendance area.

Chevak has perhaps the highest per capita college graduates. We have 11 Chevak teachers that graduated from college, 6 of which are presently teaching in our school.

Our school employs 4 elders, two males and two females. The two male elders go around to each class, K to 12th, to talk to the students about their history, stories and advises. The two female elders teach the girls how to sew fur, make quspak, advise girls and many others.

The people of Chevak feel that it is very important to have elders in the school, furthermore, when the elders are gone for a certain period of time, the discipline of the students start to deteriorate. Through the involvement of the elders in our school, the students have a lot better understanding of who they are, where they came from and how our elders used to live in the past.

In Chevak, our city employs a local, Yupik-speaking alcoholic counselor. This person understands the people in the village and tries to help each person that may be in need of help. The school has a counselor trainee, again a Yupik-speaking person.

You will notice that each of the counselors mentioned are Yupik-speaking people. It is our belief that the people that can help Yupik people are those that speak Yupik and understand the people.

It seems that with the better understanding of who we are, where we came from and our culture, the better it will be for us to understand the Western culture.

Ms. WRENN. Thank you very much, Ms. Francis. We do have some questions.

Ms. Davidson has already told us that drugs are readily available in the hallways of schools simply for the asking. Ms. Francis, how available are drugs at Chevak in the schools?

Ms. FRANCIS. In the schools, students don't smoke during school, but even a lot of students start to smoke marijuana.

Ms. WRENN. I would like to ask both of you ladies, where do the young people get the money to purchase the alcohol and drugs? Ms. Francis, would you answer that?

Ms. FRANCIS. Some students get it from their parents; others work for the money to get marijuana.

Ms. WRENN. Ms. Davidson?

Ms. DAVIDSON. Well, yes, they can get it from their parents, an allowance; from working; and there's also a system that a lot of people have, where you have a group of friends and if person A has

money, then they'll buy the alcohol or they'll buy the drugs this time, and they'll share with everyone in the group. The next time, it's up to person B, or maybe persons C and D will go together and buy some. But you always have at least one friend in the group who has money.

Ms. WRENN. All right.

I have one more question. It appears that what you're basically saying, and correct me if I'm wrong, is that you need a program in the village run by villagers, and working with your elders, for prevention. What about with a youth that's already an abuser? Working with the elders—is that going to work? We've had real problems down in the lower 48 where once a youth becomes an abuser, they have actually abused their grandparents, which is normally very unheard of in the Indian communities. Are elders going to receive the same respect from a youth that is already on or heavily involved in alcohol or drugs?

Ms. DAVIDSON. I think so. Respect for your elders—you know, that's been with you longer than your use of alcohol or drugs; I mean, ever since you were born you know that this is someone that you respect. This is someone that you would do anything and everything for; both I think it would be even more effective if you did have a younger person who had experienced drugs, who knew what they were going through, knew their problems—or even like a peer group; we are talking about that at our youth conference—some schools have gotten together a group of young people who have tried the drugs, who know the problems, and they have met and talked about the problems, have planned activities and other alternatives for drug and alcohol use.

So I think young people's involvement is important, as well as elder's involvement.

Ms. WRENN. Thank you.

Ms. Francis, do you have anything to add to that?

Ms. FRANCIS. I think it's important for the youth to be involved in this.

Ms. WRENN. Thank you.

John.

Mr. MOSEMAN. For both of you, maybe we can get some numbers for the record.

Ms. Davidson, how many students are in your school? Do you have an idea?

Ms. DAVIDSON. Oh, I'm in college now.

Mr. MOSEMAN. In college now? But before you were in college?

Ms. DAVIDSON. When I was in—well, in elementary school we had about 80 or 90, and marijuana use there was—there was marijuana use there in elementary school.

Mr. MOSEMAN. In elementary school?

Ms. DAVIDSON. Yes, elementary age kids.

Mr. MOSEMAN. What percentage, if you can give a rough estimate, of elementary school students were using marijuana?

Ms. DAVIDSON. I would say—most of them were fourth grade or older, and I would say about—it seemed like 80 percent of the older kids.

Mr. MOSEMAN. And what about from high school on?

Ms. DAVIDSON. In high school—in high school, I went to school in Fairbanks. And as far as marijuana use, it was about 50 percent.

Mr. MOSEMAN. And how large was the high school, approximately?

Ms. DAVIDSON. Well, we had 60 people graduating, so we had——

Mr. MOSEMAN. About 240 students, perhaps?

Ms. DAVIDSON. Yes; but I would say in the village where we were at, in high school there, it seemed to me at that time it was probably close to 100 percent.

Mr. MOSEMAN. Is that right?

Now, what about marijuana use as compared to other drugs in your experiences in school? Cocaine and other kinds of drugs—were those becoming more available when you were in school, or can you give us the same kind of breakdown that you've given us with regard to marijuana and cocaine use?

Ms. DAVIDSON. Cocaine and other drug use is kind of frowned upon.

Mr. MOSEMAN. Frowned upon?

Ms. DAVIDSON. Yeah. A few people did cocaine, but they were looked on as junkies or people who were getting addicted. But marijuana is just something that is socially acceptable; I mean, everyone in school smokes marijuana.

Mr. MOSEMAN. What about inhalants, sniffing of substances?

Ms. DAVIDSON. Not really in the high school, no. But I remember when I was in the third grade, when I was in Bethel, my little cousins were sniffing glue.

Mr. MOSEMAN. What attitude did the other students have with regard to students who were sniffing substances? Did they have the same attitude that they do with cocaine?

Ms. DAVIDSON. It isn't frowned upon as much—I don't think the kids at the elementary level realize what all this does to you. It's just something fun to do. You just go down to the store, buy some airplane glue, put it in a little bag, and sniff away. It doesn't do any damage, supposedly; that's what they think. It doesn't do any damage to you; it's just a fun thing to do.

Mr. MOSEMAN. Ms. Francis, if I would ask you the same kinds of questions with regard to your experiences in school. Is marijuana the most-used drug by the students?

Ms. FRANCIS. Yes; a lot of students smoke marijuana in our school. They don't smoke them during school, but in the evenings.

Mr. MOSEMAN. In the evenings? By a lot, would you say the majority of students in your school?

Ms. FRANCIS. There are 50 to 60 students in the high school. Last year in school, I just heard about some students smoking during school——

Mr. MOSEMAN. During school?

Ms. FRANCIS. Yeah.

Mr. MOSEMAN. And that is a new situation?

Ms. FRANCIS. It was new to me. It was my first time, hearing about it. But this year, I never heard or saw anybody smoke during school.

Mr. MOSEMAN. Now, what about other drugs in your school system? Cocaine, or any kind of sniffing of glue or substances like that?

Ms. FRANCIS. No; but sniffing glue—they thought it was just for fun.

Mr. MOSEMAN. I'm sorry, I didn't hear that. You said smoking was just for fun, or——

Ms. FRANCIS. No; sniffing glue.

Mr. MOSEMAN. Have you had any situations with students using cocaine?

Ms. FRANCIS. No; but sniffing gas—when I was young, probably in sixth grade, I was walking home and I saw some students sniffing gas from the snow machine.

Ms. DAVIDSON. One thing that is interesting to point out is that when all the kids that smoke marijuana, most of them do not smoke in school. They wait until school is out, and that is something—another thing that is frowned upon, use of drugs or alcohol during school. After school, it is usually OK; but during school, no.

Mr. MOSEMAN. Ms. Davidson, you testified about the influence of seeing older people in the community drunk just after they had been telling the students how bad drugs are. Do the students also see adults and other older people in the community using marijuana and other drugs?

Ms. DAVIDSON. Not so much other drugs, but marijuana, yes.

Mr. MOSEMAN. Marijuana is prevalent in the older community, as well? I am not saying the elder community; I am saying older community, in terms of people beyond high school.

Ms. DAVIDSON. Middle aged. Yes.

Mr. MOSEMAN. Would you agree, Ms. Francis, that that's true?

Ms. FRANCIS. Yes.

Mr. MOSEMAN. Both with regard to alcohol and marijuana?

Ms. FRANCIS. Yes; I know some people that smoke marijuana and drink.

Mr. MOSEMAN. So would it be safe to say that it is very difficult for young people to understand the importance of not using marijuana if they see older people using marijuana?

Ms. FRANCIS. Yes.

Mr. MOSEMAN. Ms. Davidson testified about the reasons she thinks students are using drugs in school. I would appreciate your answer to that, too, Ms. Francis. She listed peer pressure, boredom, and curiosity as the three, in that order.

Ms. FRANCIS. OK. Students smoke to have fun or to get away from their problems. Some smoke just to see how it's like. That's all.

Mr. MOSEMAN. Let me ask you a different kind of question. What would other students think of a student who did not use drugs or alcohol?

Ms. FRANCIS. Some would say that that person is good and wish they were like them, and some people would say, "Gee, this person—this guy is cheap," you know, like they consider them as low class or something, just because they don't take drugs or anything. Some people like that person because this person doesn't smoke or take any drugs or alcohol. Others think they're——

Ms. DAVIDSON. I have to agree with that, that a lot of times it is—with alcohol and drugs, people look at it as if, you know, if that is what they want to do, then that is what they want to do. And if they don't—some people say, "Well, he doesn't smoke or drink; he

is a little angel, and he is Mr. Perfect," or Mrs. Perfect, you know, it is like—but a lot of times—usually, I would think that with my experience, if they don't choose to, then that's up to them. I mean, it is like—they don't expect people to look down to them because it's what they want to do. But the people that do use drugs and alcohol, they don't feel that others should pass judgment on them because it is what they want to do, and they say that they don't criticize other people for not doing it because it's really up to them.

Mr. MOSEMAN. Are students at the high school level concerned at all about the use of marijuana by elementary school children?

Ms. DAVIDSON. Usually—no one really talks about it, really. It's usually when someone says, "Oh, that little kid is smoking marijuana" or sniffing glue or whatever; then even though someone in high school does use the drug, they say, "Oh, that poor little kid; they shouldn't start at such a young age."

Ms. FRANCIS. In our school, high school students don't talk about it. They don't talk about the elementary schools. When they see one of the elementary school students smoke, they talk about it, and they say, "Why do these small kids do that? Their parents should tell them not to do that." But after a little while, they forget about it. It is never brought up to their parents; they just forget about it.

Mr. MOSEMAN. Are students, in your experience, at all concerned about law enforcement with regard to using drugs?

Ms. FRANCIS. No. No.

Ms. DAVIDSON. It's just like—no one ever gets caught. I mean, they have been with drugs and alcohol long enough that they know the tricks of the trade. They know how to talk their way out of things. They can get out real quick.

Earlier, someone mentioned that they didn't know why—if the people in the villages knew who is pushing the drugs or who is bootlegging, why they didn't report it. If it is someone you have grown up with, then don't say anything. This it—you're just asking for trouble if you report anything. You'll stir up a lot of resentment. You may start a family feud. That is something you just don't do; you don't tattle.

Mr. MOSEMAN. Are there any—well, let me ask you this. How would students generally, who are using drugs, relate to drug counseling? We've heard testimony that the elders have significant influence on Native youths. Is that the direction to go in, as far as drug counseling, to educate the Native elders so they can pass the knowledge to the Native youth? Or should we do it through doctors and nurses? Who is the right person to influence the Native youth the best?

Ms. FRANCIS. Our elders do a good job in not letting our students take drugs.

Ms. DAVIDSON. I would have to say the elders—well, actually, you should try to get as many people as possible, really. It should be doctors, nurses, and elders. But I think the students might respond better to elders because the doctors say, you know, "Brush your teeth, don't eat too many sweets, don't smoke, it is bad for your health," and they are always saying don't do this, don't do that, don't do this, don't do that. So it just might sound like another thing that they are telling you not to do.

Mr. MOSEMAN. There are a lot more questions that I have, but I'm afraid we don't have all that much time. This has been very important testimony, I think, for this hearing record, and I know if Senator Murkowski were here in person he would thank both of you for contributing a great deal to our record.

Jane, you may have some questions?

Ms. WRENN. The young people who abuse alcohol and drugs, is that a home situation? Are they in homes where their parents, their older brothers and sisters are also substance abusers? Or is it more with just the young people, the high school and junior high school age?

Ms. DAVIDSON. It could be both. One person in one family may do it because everyone else in his family does it. Another person may be in a family where he's the only person that does.

Ms. WRENN. Ms. Francis.

Ms. FRANCIS. Some people smoke with their cousins, but in our village students don't drink with their parents because the parents would say it is wrong and the parents would get mad at them. If students want to drink, they drink someplace else with their friends or with their cousins or somewhere private.

Ms. WRENN. Thank you both very much. The members of the committee will find this testimony very worthwhile, and I'm sure your villages and families are very proud of both of you. Thank you.

Our last panel today are Alaska Native elders. I'd like to call them forward now: Max Kvasnikoff of South Kachemak, Anna Tadge Frank of Tanana Chiefs Council, and William Lomack of Akiachak.

On behalf of the committee, I would like to welcome each of you here. We understand that all three of you have been active in substance abuse counseling in your community, and it is with a great deal of pleasure that we look forward to your comments. And I think it says something for the Alaska Native communities that, in a hearing, everybody is very busy with AFN, we have a panel composed of the youth and a panel composed of the elders. And working like that, you should be able to lick this problem.

Ms. Frank, would you like to begin, please?

STATEMENT OF ANNA TADGE FRANK, TANANA CHIEFS COUNCIL, FAIRBANKS, AK

Ms. FRANK. Thank you for inviting us.

First of all, I would like to say that all of our funding resources come from the State, and very little comes from Federal. In my area, I work for the Tanana Chiefs Program; we have only one area that is funded by Federal, and that is Tok area, OK?

In Fairbanks, where I am stationed, I have no alcohol dollars. Tanana and Fort Yukon Program—I work under the Tanana Program. The thing I am doing in the villages right now is suicide prevention and alcohol prevention. I am a counselor; I work on a one-to-one basis, and I also work with the communities.

We need trained persons in the villages. I believe in empowering the communities and getting more people trained in this area. The communities are willing to do anything that is offered to them, es-

pecially in education, and so to combat the alcohol and drug problem I believe you have to go to the local level.

We have a high rate of suicide in our area, in the interior.

I support the concept of the bill, but I think that some of the things should be changed, like was stated before, the BIA and the Indian Health Service—we don't have that in our area. We have no alcohol treatment within the villages, only in Fairbanks, and hardly any of the people out in the villages would leave their families to come in for alcohol treatment or drug treatment programs. And I think now is the time to battle the drug abuse.

We have—the primary drug is marijuana. I think the second in our area is cocaine, and only those that can afford cocaine, that work up on the North Slope, bring that into the village. And like the young people say, it's community shared, like the alcohol.

And our youth learn from adults, all right? I think if we try to get the older people within the community, then we can teach the young about alcohol and drug prevention. Also, I think a lot of our young people get double messages from our older ones, like, "Don't do this, don't do that," and yet the older ones are doing it.

Ms. WRENN. Thank you, Ms. Frank.

Mr. Kvasnikoff.

STATEMENT OF MAX KVASNIKOFF, SOUTH KACHEMAK CORP., ENGLISH BAY, AK

Mr. KVASNIKOFF. I am Max Kvasnikoff of English Bay and working in the South Kachemak Corp. Alcoholism Program, and I testify in our community about alcohol and drug abuse. In our community, what I see and study, philosophy of alcohol and drugs, how it's abused in my village. It is challenging. It is a battle.

Alcohol and drugs is something I am—I mean alcohol—give education to our young people who are growing and working with loved ones, young people, especially in school. Too many of our young kids are quitting school because of alcohol and drug involvement. In my opinion, continue to talk to our young people with drugs, even from newborn. Let them know what alcohol and drugs are.

And also, what can happen and how it can happen. Also, talk to their parents about it to get support. How many young kids are dropping out from school or dead because of alcohol and drugs, marijuana—in spreading and really involving in villages.

When I first started working with South Kachemak Alcoholism Program I did not know we had any problems. I'm finding out a lot of problems in my village related with alcohol and drugs.

Marijuana is getting stronger and I don't know how it's coming into village. There are about 140 people in my village, and it is coming in, affecting our village, either mail, and where the money is coming from. And some of our kids see adults using drugs and alcohol, and they think it is OK for them to use it.

We need more treatment programs in Alaska. Our treatment programs are getting crowded. When some clients in my area want to go for treatment center, the answer we get is, "In six or seven weeks we'll have a bedding for you." Like, person wants to go right away, when they need help.

Like also in my village, I see there's—in some other villages, also—there's child abuse, wife abuse. All are related with alcohol and drugs. Also, about last year, we had a murder in the village; that was related with alcohol. It took only one quart of whiskey, case of beer, and marijuana. And people in my village keep saying it was an accident. It wasn't accident.

Also, there is divorce, is No. 1 problem in our village; also, it's related with drugs and alcohol.

Some schoolteachers think our young kids don't have any problem. What about kids growing up in alcohol family? They're already infected from the parents.

I would like to see more alcoholism treatment programs in Alaska for our future. Our kids, our little ones, our loved ones—what is going to happen to them? We need more support in our village, in the State of Alaska.

That's all.

Ms. WRENN. Thank you very much.

Mr. Lomack is next. I believe he will testify in his native language, and we have an interpreter here.

STATEMENT OF WILLIAM LOMACK, AKIACHAK, AK

Mr. LOMACK. I am from the village of Akiachak; I am William Lomack. I have been working with the alcoholism program for many years.

I also have worked with many young people in our area. I know of many youth between the ages of 18 to 30 who have had accidents, drowning as a result of the use of alcohol. They have drowned, and their bodies have never been found.

Also, the problem of alcohol is related and should be addressed to the parents of young children because when the parents start using alcohol they do not take care of their children. They take the money that's supposed to be used for food and clothing and use it for alcohol.

Also, I have seen married couples who have had divorces as a result of the use of alcohol or the abuse of alcohol.

In our village in Akiachak, I go to the schools. I teach the children about our culture. I also talk to them about the use and abuse of alcohol and marijuana. I give special attention to the children who are between the ages of 6 and 12 years and talk to them about the use and abuse of marijuana because I would like them to know what the results of the use and abuse of marijuana are.

Once in a while I find marijuana in the possession of young children but we never know where it comes from; we can't find out where it comes from. When that happens, the community asks me—I am the judge in our area; I am the elder in Akiachak—I take the child aside and I talk to him about the use and abuse of marijuana. Right now, I am only talking about marijuana.

At this time, I am seeing the effects of marijuana on young people. It is deteriorating their minds. They do not know the danger; they are not afraid of danger of any manner, and they don't seem to be afraid of anything any more.

I am thankful to you for having us come to the hearing and for having this hearing because I am telling you of what I know, and I am not stating anything I do not know about.

Thank you.

Ms. WRENN. First, I think it's we that have to be thankful to the panel and the other witnesses. The Select Committee on Indian Affairs has had a very good history of refusing to move legislation without going out to the local people and finding out how it would affect them and what their needs are.

I have one question on treatment facilities for the youngsters who are already abusing.

Are your needs more for an inpatient or an outpatient facility? Do you need to have them for 7 days a week for 3 weeks in an intensive dryout sort of treatment? And also, would the treatment centers be better placed close to home, or a little further away, maybe a more regional area? Ms. Frank?

Ms. FRANK. I would say both—and maybe I'm speaking for both the rural and urban areas—in Fairbanks, we do need treatment. In the rural areas, I believe we can use an outpatient program at this time, at least get something started with the young people so that they can learn more about drug abuse and helping themselves with coping with a lot of other problems within the family.

Ms. WRENN. Thank you.

Mr. Kvasnikoff.

Mr. KVASNIKOFF. I would say myself, both of them, like residential treatment centers and outpatient treatment centers.

And I would like to see more—instead of 20-day treatment centers, I would like to see 60-day or 90-day centers for treatment of problems with drugs and alcohol.

Ms. WRENN. Thank you.

Mr. Lomack, do you have anything to add?

Mr. LOMACK. The centers should be close to the villages because they would know who is being treated, and they—the people—would be the people to give treatment to the ones who need it.

Ms. WRENN. Thank you.

John, do you have any questions?

Mr. MOSEMAN. Yes.

It seems clear from the testimony today that the elders have a significant influence on Native youth. My question is, how aware are the elders of problems with specific drugs? For example, cocaine, sniffing of glue and gasoline, perhaps amphetamines and other drugs? What is the education process within the elder community?

Mr. LOMACK. The elders are becoming aware of the other drug usages, but I don't think they are fully aware. They should work with the elders as well as the ones who are the users to try to come up with solutions on prevention.

Mr. MOSEMAN. But there could be more education of the elders as well?

Mr. LOMACK. It would be most helpful to the elders if they got educated in the use of drugs because I think they are already educated in the use of alcohol and its abuse.

Mr. MOSEMAN. Ms. Frank.

Ms. FRANK. I find that also in my travels, that the older people don't know about drug abuse and have nothing to fight with, with the young people; no facts and figures. So educating the older ones is very helpful.

Mr. MOSEMAN. Mr. Kvasnikoff.

Mr. KVASNIKOFF. In two villages I came from, some elder people recognize—they have an awareness of—drugs and alcohol abuses of young people, but some elder people also have a problem, like with alcohol, and they are ashamed of it, to talk to young people.

Mr. MOSEMAN. If I could ask the panel generally, in your experiences is cocaine becoming a problem within the native community? Mr. Kvasnikoff.

Mr. KVASNIKOFF. Yes. Cocaine—I mean, marijuana in my village is really involving—like I said, I don't know how it is getting into the village, but might be cocaine involved in there also.

Ms. FRANK. In my area, cocaine is becoming available.

Mr. MOSEMAN. It is becoming available?

Ms. FRANK. Yes.

Mr. MOSEMAN. I was asking—Mr. Lomack's testimony also related a lot to marijuana and alcohol abuse, and I was wondering if he was also finding more cocaine use with the students?

Mr. LOMACK. I have found evidence of use of marijuana; it is rolled in cigarettes and smoked in pipes, but the use of cocaine is not—they don't have high use of it. I haven't found evidence of high use of it in my village.

Mr. MOSEMAN. I would appreciate it perhaps if the interpreter could introduce herself to us.

Ms. TILAK. My name is Martha Tilak. I have been an interpreter in many areas. I am with the Johnson-O'Malley Program.

Mr. MOSEMAN. Well, you've done a wonderful job, but I wanted to have your name on the record, too.

Those are all of the general questions that I have, but again, on behalf of Senator Murkowski, I want to thank the panel of elders and also commend you for the work you've done earlier this week with the native youth. As I understand it, you have put together some additional material for the Select Committee on Indian Affairs, or at least there may be more material made available to the committee. I would like very much to see that made a part of the record if we could meet with you afterward and find out if you have some additional information to share.

So, I thank you very much.

Ms. TILAK. One of our employees submitted a letter on the use and abuse of alcohol in the schools here in Anchorage. Do you have a copy of it?

Mr. MOSEMAN. Yes; we have a copy of it.

[Letter from Ms. Bergeron follows:]

516 North Park
Anchorage, AK 99508

October 25, 1985

Re: Senate Bill 1298

To Whom It May Concern:

I am writing this letter in full support of Senate Bill 1298 regarding coordination and expansion of services for the prevention of alcohol and drug abuse among Indian Youth, and for other people.

I am an Alaskan Native and currently employed under the Johnson/O'Malley program. In this position, I work primarily with students who are american indian or alaskan native in two secondary schools in the Anchorage area.

I would safely say that of the students that I work with who are in need of aid, at least 90% of them have problems related to alcohol and drug abuse either through their own useage or the usage of family members. The numbers are astronomical. Coupled with chemical dependancy, many times, are such issues as physical, emotional and sexual abuse, rape, incest and involvement in the juvenile justice system.

Once these students are identified, we are faced with where to place them, what kind of funds are required, who is eligible and what are the services. Unfortunately, there are times when the answers are not clear as to where to refer these students. In in-patient care for youth, the problem is always where to get funding, especially in cases where the student is not in State's custody. In addition to funding, is the facility full? It is not uncommon to have a student who is ready for in patient treatment and no place to put them.

I see a great need for more education in the schools both for staff and for students themselves. Prevention, in the long run, saves the tax payers money. We have some excellent programs geared towards prevention in the school system. Perhaps more people can be trained at presenting these programs to students. I see a need for revising some of these programs to be more applicable to students who are american indian or alaskan native.

Once again, I urge you to pass senate bill 1298 as there is a definate need for these services. Thank you for the opportunity to testify.

Sincerely,

Doris C. Bergeron

Doris C. Bergeron,

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Ms. WRENN. Thank you very much. We would like to know if Suzy Ehrlich has been able to join us this morning?

[No response.]

Ms. WRENN. OK. That concludes the staff hearing on S. 1298, the Indian Juvenile—I'm sorry, sir?

Mr. HOPE. Could I just give a brief presentation?

Ms. WRENN. Certainly. Come on up.

STATEMENT OF HERBERT HOPE, INTERNATIONAL CROSS-CULTURAL ALCOHOL PROGRAM, NENANA, AK

Mr. HOPE. My name is Herbert Hope; I am from Anchorage. I just had a brief chance to look through this proposed bill. I don't know what testimony went on before I got here, but I do want to acknowledge the State's effort in the alcohol program, and just for your information, how I perceive it.

The State this year will spend $12 million on their alcohol program; $5 million will go to Anchorage, $3 million to Juneau, $2 million to Fairbanks, and $2 million will go to the rest of the State of Alaska, including approximately 12 small urban towns and 200 villages. Their program is urban centered and does not adequately serve rural Alaska, nor will it ever serve rural Alaska properly.

Their money comes from oil revenues and State oil revenues are shrinking, and their appropriation is shrinking every year, too.

I want to say there is a need for the program as outlined in this proposed bill. I would like to state too, though, that the regional tribal organizations should first identify their needs as suggested in the bill, but it needs to be funneled through a statewide Alaska Native organization such as United Tribes of Alaska or the Alaska Federation of Natives or a newly formed organization or task force to fulfill the purpose of the act. I think it is necessary for them because if it is funded separately, there is no way for them to compare progress, there is no way to coordinate efforts, and there is no way to prevent duplication.

The central organization does not need to be a heavily funded organization but we need someplace where the Natives, by themselves, can compare their progress. It is very important because, unless this program involves the entire Alaska Native community, it will fail as many others have failed before it.

Finally, I would like again to stress the fact that a cross-cultural approach is necessary in this program because we live in a society in which we are both extremely proud of our Native culture, and yet happy to live in the western society.

Incidentally, I am president of an organization called International Cross-Cultural Alcohol Program. Its main intent is to take advantage of all the work done in the field of alcoholism in Canada, United States, Central America, and South America, and see how their progress is going compared to ours. And I recently wrote a letter to the Native corporations on alcoholism in 1991, and I would like to give you a copy of it. But the thing I wanted to stress in this thing is that the State of Alaska commissioned the Kelso report which was published in December 1984, which states that one-half of all the alcoholics in the State of Alaska are Alaska Native people despite the fact that we comprise only 16 percent of

the State population. And the alarming thing about that high statistic is that it only states those who are actively in alcohol treatment centers. It says nothing about the vast number who are maybe on the edge or even past salvation at this time, nor does it even begin to mention the drug abuse problem.

Just on the basis of my own children—I have five children of my own who grew up here in Anchorage, and I see all their friends—from what they tell me, about 90 percent of the Alaska Native students are smoking marijuana on a regular basis and are familiar with cocaine.

I think this bill is a very important bill, and I would like to see it implemented as fast as possible.

[Letter furnished by Mr. Hope follows:]

INTER-CCAP
INTERNATIONAL CROSS-CULTURAL
ALCOHOL PROGRAM, INC. Box 00349 Nenana, Alaska 99760 832-5832

A OPEN LETTER TO ALASKA NATIVE CORPORATION SHAREHOLDERS
ALCOHOLISM AND 1991

The recent effort by the collective Alaska Native leadership concerning the issues facing our people in 1991 has coverd every possible aspect of that major problem except one - ALCOHOLISM among the Alaska Native People!

We all know that alcoholism is a serious problem to the Alaska Native People. We all know of a family member or close personal friend that has fallen by the wayside or who has died as a direct result of Alcoholism!

The Kelso Report, published in Dec. 1984, states that one-half of all alcoholics in the state of Alaska are Alaska Native People despite the fact that we comprise only 16% of the state population! This is a alarming situation and its impact is far reaching, for it clearly points out a deadly danger to the Alaska Native People, the Alaska Native Corporations and our entire culture in general. It must be pointed out that the Kelso Report is only concerned about those Alaska Native People who are a part of some type of alcohol treatment program today and does not concern itself with those potential alcoholics who have not reached the point where they must undergo treatment for alcoholism nor does it deal with the massive drug problem that threatens our people. It has been estimated that 90% of our young people are now smoking pot or have used sometime in their young lives! The same ratio applies to the use of "coke" or cocaine either at parties on a regular basis or at least experimentally. Alcohol and Drug abuse is rampant among our people. A MODERN DAY EPIDEMIC IS ON THE LOOSE!!!

We cannot talk about 1991 and not talk about the Alcohol and Drug Abuse problem. The very first shareholders to sell out in 1991 will be those who are alcoholics or whose lives have been wrecked by alcohol or drug abuse!! Not only will they be willing to sell out but they will be targeted and pressured to sell by those trying to gain control of the Regional Corporations!

There are many small individual alcohol programs attempting to treat this problem thoroughout the state but almost all degenerate into "holding actions" attempting to save a alcoholic after he or she has hit rock bottom. We do not have time for such a casual approach to this great problem - what we need is a all-out war against alcohol and drug abuse if we are to survive this modern day epidemic afflecting our people.

Up until this point we have participated in alcohol programs as clients or patients - what we need is total control of a statewide alcohol program designed to save our people at the fastest rate possible! Nobody else can do it for us! The Federal government; the State of Alaska administration; the boroughs and cities have all tried and failed! Clearly, the Alaska Native People must run those programs aimed at solving our problems for only we have a vested interest in the success of these programs! We have stood by and watched hundreds and thousands of our own people fall victim to alcoholism and die by the wayside! It is time to take positive action to stop this waste of human life!

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Inter-ccap (International Cross-Culture Alcohol Program) has been in action for the past year in a pilot program aimed at training Alaska Native People in Indian Alcoholism at the University of Alaska, Fairbanks. We enrolled nine students who are working towards their degree in Alcoholism. One student is working towards his Masters Degree in Alcoholism. The program is centered around a Cross Culture approach to the alcohol problem and appears to be making good progress. We applied for a State Grant to continue this program in 1986 but the State Office of Alcohol and Drug Abuse failed to fund the program this year stating that they believe it more properly belongs in the Dept. of Education. We would welcome assistance from either branch but, after careful consideration, we would prefer it to be funded from a combination of State and Alaska Native organizations. Certainly the Corporations must realize that alcoholism is the biggest threat to their existance. Nothing else compares to the danger of alcoholism destroying our people! If all twelve corporations contributed to the alcohol program the load would not be too severe. It is important for our people to know that their corporations are backing this important effort! Name association is extremely important to the success of this program - if every one knows the corporations rank alcoholism as a priority issue in 1991 it will go a long way to bringing this problem out into the open making it possible to find the answer in the shortest possible time frame! I would go as far as to say that if the corporations do not rank alcoholism as a top priority it will not make any difference what they rank as priority because if alcoholism is not brough under control by 1991 the shareholders will sell out in vast numbers and the corporations will cease to exist as Alaska Native entities!

Concerned shareholders should contact their corporation "Shareholder Relation Committees" and express their concern. Ask that your corporation become actively involved in the effort to save our people from alcoholism. Contact your Board of Director members in person, by phone or by mail - they need to be made aware of your concern - the future of your corporation may well rest in your hands!

Act today! The life you save may be your own! Call your corporation! Call your favorite Board member! Tell them that the problem of Alaska Native Alcoholism must be given top priority by the corporation and that action must be taken immediately to bring this problem under control in the shortest timeframe possible!!!

IT MUST BE DONE!!!

Herbert Hope

Herbert Hope
President
International Cross Cultural
Alcohol Program
1261 Annapolis Dr.
Anchorage, Alaska 99508

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Mr. MOSEMAN. Thank you. Mr. Hope, could you please provide us with your address, also?

Mr. HOPE. It's on this letter.

Ms. WRENN. On the piece of paper in front of you, if you would also give us your name.

Mr. HOPE. And then also, I will give you a written testimony.

Mr. MOSEMAN. We appreciate that very much.

Ms. WRENN. Thank you very much for coming. This concludes the staff hearing. We would like, on behalf of our members—especially Mr. Murkowski—to thank you for helping us become better informed about the drug and alcohol abuse problems in the State of Alaska among the Natives. This hearing will serve as a basis for tailoring legislation to better serve your needs, and we'd again like to thank every witness and also the people who have come to listen, for being with us today. The record will be open for 10 working days.

The committee staff hearing is now adjourned.

[Whereupon, at 12:05 p.m., the committee recessed, to reconvene at the call of the Chair.]

APPENDIX

Additional Material Submitted for the Record

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1-015581129B 10/25/85
TWX WHITEHOUSE WSH DLY FD
250 DLY GOVT TDW NEW YORK CITY WHITE HOUSE OCT 25
FMS SENATOR FRANK MURKOWSKI //ELK DONT DWR//
THE FEDERAL BUILDING
701 C STREET 02805
ANCHORAGE, AK 99513

DEAR SENATOR MURKOWSKI:

I WANT TO TAKE A MOMENT TO THANK YOU FOR YOUR EFFORTS, AND THOSE OF THE ALASKAN NATIVE COMMUNITY WHO WILL BE TESTIFYING TODAY ON BEHALF OF THE FIGHT AGAINST DRUG AND ALCOHOL ABUSE.

DRUG AND ALCOHOL ABUSE IS A SERIOUS PROBLEM IN ALASKA AS IT IS IN EVERY ONE OF OUR STATES. BUT BECAUSE OF CONCERNED, CONSCIENTIOUS PEOPLE LIKE YOU, WE ARE NOW OBSERVING THE BEGINNINGS OF A REVERSAL IN THIS TRAGIC TREND. IT IS VERY IMPORTANT THAT WE CONTINUE WORKING TOGETHER, INCREASING OUR EFFORTS, UNTIL WE WITNESS YET MORE OF OUR YOUNG PEOPLE CHOOSING DRUG-FREE LIVES.

THANK YOU FOR ALL YOU ARE DOING FOR THIS WORTHY CAUSE.

NANCY REAGAN

1538 EST

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NEWS

U.S. SENATOR
FRANK
MURKOWSKI
OF ALASKA

October 29, 1985
FOR IMMEDIATE RELEASE
CONTACT: STEVE HANSEN (202) 224-9316

MURKOWSKI SAYS HEARING REVEALS
DEVASTATING IMPACT OF DRUGS ON ALASKA NATIVE COMMUNITY

WASHINGTON, D.C. - A recent U.S. Senate hearing in Anchorage revealed the devastating impact that drug and alcohol abuse are having on the Alaska Native community, according to Alaska Senator Frank Murkowski.

"This hearing underscored the extremely disturbing abuse of drugs and alcohol among Alaska Natives," Murkowski said. "The testimony overwhelmingly favored using community-based programs to combat the drug and alcohol problem, along with the importance of using elders in the program as role models for children."

As a result of the Alaska hearing, Murkowski said, the Senate Select Committee on Indian Affairs has postponed mark-up of the Indian Juvenile Alcohol and Drug Abuse Prevention Act in order to revise the bill to better meet the needs of Alaska Natives.

The legislation would expand services for the prevention, identification, and treatment of alcohol and drug abuse among Indian and Alaska Native youth.

The Alaska senator also said that as a result of the hearing the Indian Affairs Committee will closely examine

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the role of the Bureau of Indian Affairs in drug and alcohol prevention in Alaska since there are no longer any BIA-operated schools in Alaska.

Murkowski, a member of the Select Committee on Indian Affairs, was scheduled to chair the hearing but several Senate votes required that he remain in Washington. John Moseman, legislative director for Senator Murkowski, and committee staffers, represented the senator at the hearing.

This week Murkowski reviewed the testimony presented at the Anchorage hearing.

William Lomack, an elder from Akiachak, said, "I have seen many between the ages of 18 and 30 who have had accidents and drownings because of the use of alcohol. I go to the schools in my village and teach the young children about the use and abuse of alcohol and marijuana.

"I see the effects of marijuana on young children. It is deteriorating their minds and they don't know the danger."

Valerie Davidson, an 18-year-old from Aniak, said, "I can name at least 10 people I know who have died from drugs or alcohol.

"Drugs are readily available in the schools," Davidson said. "Schools are the easiest place you can get drugs. You can walk down the hall and talk to someone and say, 'Hey I want to buy drugs,' and you can have them within an hour. It's no problem."

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Davidson said that 100 percent of the students in her village high school use marijuana, and about 80 percent in fourth grade and up use marijuana.

Murkowski noted that although alcohol abuse has always been the focus of concern in the Native community, drug abuse is becoming an increasingly severe problem. He added that the Indian Health Service (IHS) in Alaska does not operate a drug rehabilitation center.

Joan Hamilton Cannelos of the Alaska Native Health Board testified that the IHS has been directing most of its attention on the alcohol problem, and consequently drug abuse prevention and rehabilitation have not been considered.

The Indian Affairs Committee heard testimony from several other representatives of the Alaska Native community including: Julie Kitka, special assistant, Alaska Federation of Natives; Lorraine Jackson, Copper River Native Association, Glenallen; Tami Stuckey, Aleutian/Pribilof Islands Association; Carl Berger, Yukon-Kuskokwim Health Corporation, Bethel; Clotilda Francis, Student Council Treasurer, Kashunamuit School, Chevak; Max Kvasnikoff, South Kachemak; and Anna Tatge Frank, Tanana Chiefs Council.

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BILL SHEFFIELD
GOVERNOR

STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

November 8, 1985

The Honorable Frank Murkowski
United States Senate
709 Hart Building
Washington, D.C. 20510

Dear Senator Murkowski:

I am submitting this testimony in support of S.1298, the Indian Juvenile Alcohol and Drug Abuse Prevention Act. Alcoholism and alcohol abuse are the major health problems in rural Alaska today, and legislation dealing with substance abuse among our Native population is long overdue.

The State supports the concepts outlined in S.1298 including the comprehensive nature of the legislation addressing treatment, law enforcement, education, and family services. In an attempt to address the substance abuse problem among our Native youth, this bill requires coordination between the Bureau of Indian Affairs (BIA) and the Indian Health Service (IHS). This coordination is badly needed and a positive aspect of the legislation. However, as indicated below, these provisions are not relevant to current circumstances in Alaska.

As required by S.1298, the reliance on the BIA for services or support would be contrary to the reality of BIA's diminishing presence in Alaska. Because the Native corporations have assumed the responsibilities and duties previously assigned to the BIA, it has withdrawn as an active health and social service provider in the State. Reliance on the Bureau to implement the extensive system outlined in S.1298 would not be appropriate.

A somewhat similar situation exists with IHS in Alaska. IHS has not prioritized substance abuse services among its duties to the Native people. Presently, IHS in Alaska oversees some grants that were initially awarded by the National Institute of Alcohol Abuse and Alcoholism in 1976. In 1978, the Indian Health Care Act, PL 94-437, transferred the grants to IHS to ensure continued support. In Alaska, this support has been very limited when measured by IHS funding allocations nationwide.

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To ensure IHS participation, a new, costly structure would probably be needed. While IHS provides a multitude of health services in many areas of Alaska, there has been a lack of commitment to substance abuse treatment. The agency's cooperation and commitment to the treatment of the alcoholic will be needed, and IHS must be involved in a system as extensive as outlined in S.1298 to make the legislation work.

The current Alaskan system of treatment, prevention, and training has been funded and implemented by the State. The State has chosen to use the "grant-in-aid" method of providing cost effective substance abuse services. Through this method, Alaska supports twelve Native health corporations. These nonprofit corporations have become proficient in the provision of direct services, and the State supports these groups with training and technical assistance, as well as by monitoring them through annual surveys and audits.

In order to make S.1298 more immediately applicable to Alaska, I recommend amendments that recognize the current policy approaches and responsibilities of both the BIA and IHS, and I also recommend that language encouraging cooperation and authorizing contracting by these two federal agencies with Native health corporations be included. We would be glad to work with your staff in the development of suitable amendatory language.

In summary, recognition of the need for substance abuse services for Native youth is long overdue, and we welcome the comprehensive concepts outlined in S.1298. Implementation of the concepts in Alaska, however, as envisioned in the bill would not fit well into the current program of services offered by BIA and IHS. Amendments are needed to ensure that services in Alaska will be provided as intended by the legislation.

Thank you for the opportunity to comment on the bill. We would be pleased to provide any additional information that may be helpful to you or the Committee in the consideration of S.1298.

Sincerely,

Bill Sheffield

Bill Sheffield
Governor

cc: The Honorable Ted Stevens, U.S. Senate
The Honorable Don Young, U.S. House of Reps.

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